



SUB-CONTRACTOR REFERENCES

<p>Company Name: _____</p> <p>A.C.N / B.R.N / A.B.N. : _____</p> <p>Registered Office: _____</p> <p>_____</p> <p>_____</p> <p>Trading Name (if different to above): _____</p> <p>Postal Address: _____</p> <p>_____</p> <p>_____</p>
<p>Is your business a LIMITED COMPANY/PARTNERSHIP/SOLE TRADER (delete not applicable)</p> <p>If the company is acting as a trust, state the NAME OF THE TRUST:</p> <p>_____</p>
<p>Nature of Business: _____</p> <p>How long has the business been operating: _____</p> <p>Number of employees: _____</p>
<p>Name of Bank: _____</p> <p>Branch: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>
<p>Accountant: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>
<p>Solicitor: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>
<p>Insurance Company: _____</p> <p>Insurance Policy Number: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>



Sub-Contractor References

<p>1) _____</p> <p>Type of work done: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>
<p>2) _____</p> <p>Type of work done: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>
<p>3) _____</p> <p>Type of work done: _____</p> <p>Phone: _____ Fax: _____ e-mail: _____</p>

I/We the undersigned, submit this information to assist you to assess me/us as suitable clients. All the information provided herein is true and correct.

Signed: _____ Date: _____

Name/Title: _____

Signed: _____ Date: _____

Name/Title: _____