Lewins Electrical Limited

WORK APPROVAL FORM

DATE: _____ REF No. _____

CLIENT'S TRADE NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

_____ _____

_____ Postcode: _____ _____ Postcode: _____

DETAILS OF WORK TO BE UNDERTAKEN

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START DATE: _____ **COMPLETION DATE:** _____

PAYMENT TERMS ARE: _____

I authorise the work detailed above and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Lewins Electrical Limited ATF The Lewins Electrical Trading Trust which form part of, and are intended to be read in conjunction with this Work Approval Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.***

SIGNED (LEL): _____ **SIGNED (CLIENT):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CLIENT'S SIGNATURE: ID: _____ DOB: _____

Signed: _____ Name: _____ Date: _____

Lewins Electrical Limited ATF The Lewins Electrical Trading Trust
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