PO Box 687 Benalla VIC 3671
www.intechplumbing.com.au
Email: andrew@intechplumbing.com.au
ABN: 26 238 822 491 Electrical REC: 25350
Plumbing Lic VIC: 50866 – NSW: 248065C
Andrew McCarthy - Intech Plumbing & Construction
Mobile: 0438 352 539
www.intechconstruction.com.au
Email: info@intechconstruction.com.au

ESTIMATE FORM

DATE: _____ REF No: _____

CLIENT'S TRADING NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Physical Address: _____ Postal Address: _____

_____ _____

State: _____ Postcode: _____ State: _____ Postcode: _____

DETAILS OF MATERIALS TO BE SUPPLIED / WORKS TO BE PROVIDED:	**ESTIMATED PRICE $**

TOTAL ESTIMATED PRICE $ (Exc GST) _____

START DATE: _____ **GST** _____

COMPLETION DATE: _____ **TOTAL ESTIMATED PRICE $ (Inc GST)** _____

PAYMENT TERMS ARE: ***7 DAYS FOLLOWING INVOICE***

NOTE: THE ABOVE PRICE IS AN ESTIMATED PRICE ONLY. THE FINAL PRICE CAN ONLY BE ASCERTAINED UPON COMPLETION OF THE WORKS. VARIANCES IN THE ESTIMATED PRICE OF MORE THAN 10% WILL BE SUBJECT TO CLIENT APPROVAL BEFORE PROCEEDING WITH THE WORKS.

I accept this estimate 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 Andrew McCarthy T/A Intech Plumbing & Construction which form part of, and are intended to be read in conjunction with this Estimate 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 **(CLIENT):** SIGNED **(WITNESS TO CLIENT'S SIGNATURE):**

_____ _____

Name: _____ Name: _____ Date: _____

Position: _____ Physical Address: _____

ID: _____ Date of Birth: _____ _____ Postcode: _____
(Driver's Licence, Passport, etc.)

SIGNED **(INTECH):** _____ Name: _____ Date: _____

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