

**CONTRACTORS EXPRESSION OF INTEREST FORM.**

**Personal Details**

Name: Phone:

Business Name: ABN:

Address:

Email: Mobile:

**Business Structure**

Company □ Partnership □ Other (please specify)

**Trades**

Garage Doors □ Installations □ Service Calls □

Shed Erections □ Concreting □ Tank Installations □

Other (please specify) □

 **Documentation Verification**

□ Public Liability Insurance

□ Workers Compensation Insurance

□ Personal Accident/Income Protection Insurance

□ Workplace Health and Safety Insurance

□ Subcontractors Licence

□ Drivers Licence

**Best way to contact me:** Phone □ Mobile □ Email □

**Preferred Working Location:**

1.

2.

Fax to: (03) 5831 2876 or email to rodney@seniorsteel.com.au