Senior Steel NEW

**CONTRACTORS EXPRESSION OF INTEREST FORM.**

**Personal Details**

Name: Phone:

Business Name: ABN:

Address:

Email: Mobile:

**Business Structure**

Company  Partnership  Other (please specify)

**Trades**

Domestic Garage Doors - Installations  Service Calls

Industrial Doors - Installations  Service Calls

Shed Erections - Domestic  Farm  Industrial  Concreting

Welding - On-Site  Factory  Qualified  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