

**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