

CODE: _____

SUBCONTRACTOR *Details*

COMPANY / BUSINESS / TRADING NAME:

OPERATOR NAME:

ABN:

ADDRESS:

PHONE:

MOBILE:

FAX:

E-MAIL:

.....
MACHINE TYPE:

TRUCK MOUNTED:

Yes No If yes, type: _____ REG : _____

MACHINE ATTACHMENTS / BUCKETS:

BLUE/WHITE CARD Number: _____ UNION: Yes No

*Copy of Card Required - Please Supply

.....
If you would like us to pay you electronically, please fill out your bank account details.

Account Name:- _____

Bank:- _____ Branch:- _____

B.S.B. (6 digit no.) :- _ _ _ _ _ _

Account No. :- _ _ _ _ _ _