



Zap Cap Safety Pty Ltd
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 Email: zapcap@zapcapsafety.com
 Web: www.zapcapsafety.com

QUOTATION FORM

DATE: _____ QUOTE No. _____

CUSTOMER'S TRADE NAME: _____

CUSTOMER'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

_____ State: _____ Postcode: _____

DETAILS OF GOODS AND/OR SERVICES WHICH ARE TO BE SUPPLIED:	QUANTITY	PRICE \$ (Excl GST)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PRICE \$ (Excl GST) _____

GST _____

TOTAL PRICE \$ (Incl GST) _____

DELIVERY DATE: _____ COSTS OF DELIVERY ARE (INCLUDED IN / ARE IN ADDITION TO) THE ABOVE PRICE

PAYMENT TERMS ARE: _____

THIS QUOTATION REMAINS VALID FOR 30 DAYS FROM THE ABOVE DATE AFTER WHICH A REVISED QUOTE MAY BE NECESSARY. ANY VARIATION TO THE ABOVE QUANTITIES OR THE REQUESTED SERVICES MAY RESULT IN A VARIATION TO THE QUOTED PRICE.

I accept this quotation 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 ZapCap Safety Pty Ltd which form part of, and are intended to be read in conjunction with this Quotation 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 Customer I shall be personally liable for the performance of the Customer's obligations under this contract.**

SIGNED (CUSTOMER): _____ Name: _____ Position: _____ ID: _____ Date of Birth: _____ (Driver's Licence, Passport, etc.)	SIGNED (WITNESS TO CUSTOMER'S SIGNATURE): _____ Name: _____ Date: _____ Address: _____ State: _____ Postcode: _____
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SIGNED (SELLER): _____ Name: _____ Date: _____