



Quick-Phone: 1300 66 86 09

Quick-Fax: 1300 66 87 09

PARTNERSHIP AGREEMENT ORDER FORM

Name: _____

Firm: _____

Phone: _____

Email: _____

AGREEMENT DETAILS

Name of Partnership: _____

Agreement Date: _____

Nature of Business: _____

Proposed Bankers: _____

Partnership Accountants: _____

Business Jurisdiction (State or Territory): _____

Business Address: _____

Specify area and period for the restraint of outgoing partners not to compete with the business of the partnership:

Area of Restraint of Trade: _____

Period of Restraint of Trade: _____

Maximum value of goods or property which a partner can buy, order or contract without the written consent of the other partners:

Maximum Value: \$ _____

DETAILS OF PARTNERS

1. Full Name: _____
(include Trustee/s names if applicable)

Street Address: _____

If Partners is a Company: 1 - ACN _____

(1st 2 listed to be Signatories)

2 - Names of ALL Directors _____

Share in Partnership _____

Initial Contribution to Partnership _____

(include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.)

2. Full Name: _____
(include Trustee/s names if applicable)

Street Address: _____

If Partners is a Company: 1 - ACN _____

(1st 2 listed to be Signatories)

2 - Names of ALL Directors _____

Share in Partnership _____ %

Initial Contribution to Partnership _____

(include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.)

PAYMENT DETAILS

Please debit the following credit card by the amount of \$ 275.00

TYPE OF CARD: Visa Mastercard Diners Club Amex Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this application to FAX 1300 668 709 or call 1300 668 609 with any queries