**Service Agreement**

**Person ordering**

|  |  |
| --- | --- |
| Name:       |  |
| Firm Name:       | Member number:       |
| Phone:       |  | Email:       |

 **Payment details**

Please provide credit card details for payment of **$440**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  On Account\*  | [ ]  Visa  | [ ]  Mastercard  | [ ]  Amex |
| Card Holder Name:       |
| Credit Card Number:       |
| Expiry Date:       /       | Authorised Card Signature:       |

 Note that our staff will call you to request the CVV when payment is processed.

 All prices include GST, and the documentation will be sent to the nominated email address in PDF format.

\*To pay on account you must have a current On Account Agreement with Docscentre.

**Principal’s Information** \*The Principal is the entity that be receiving services from the Service Trust.

|  |  |  |  |
| --- | --- | --- | --- |
| The Principal entity is a: (please select) | [ ]  Company | [ ]  Trust | [ ]  Individual |
| Full Name:        |  |
| ACN of Principal (if company or corporate trustee):        |
| As Trustee For (trust name of Principal, if applicable):        |
| Officeholders (if company): |
| 1:       | [ ]  Director | [ ]  Secretary |
| 2:       | [ ]  Director | [ ]  Secretary |
| 3:       | [ ]  Director | [ ]  Secretary |
| 4:       | [ ]  Director | [ ]  Secretary |

**Please complete all details in legible handwriting and provide full legal names. Alternatively, you may send us a copy of the latest annual statement(s) from ASIC (if up to date) or a current company search.**

**Return completed form to** **info@docscentre.com.au**



**Service Agreement**



**Principal’s Information continued**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Principal’s practice: | [ ]  Medical Practice | [ ]  Dental Practice | [ ]  Accounting Practice |
|   | [ ]  Legal Practice | [ ]  Other:       |  |

**Service Provider Information**

The Service Trust is the entity that will be providing services to the Principal.

|  |  |
| --- | --- |
| Full Name:       |  |
| ACN (if company):       |  |
| As Trustee For (if trust):       |
| Officeholders (if company): |  |

|  |  |  |
| --- | --- | --- |
| 1:       | [ ]  Director | [ ]  Secretary |
| 2:       | [ ]  Director | [ ]  Secretary |
| 3:       | [ ]  Director | [ ]  Secretary |
| 4:       | [ ]  Director | [ ]  Secretary |

**Special Conditions (if applicable):**

Insert any special conditions that are to apply to the Service Agreement. The exact wording provided below will be inserted into the Agreement. If left blank, the agreement will not contain any special Conditions. If there is not enough space, please add further pages as appropriate.

|  |
| --- |
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By completing this order form and returning to Docscentre you confirm that you have read and accepted our terms and conditions which can be found here – [www.docscentre.com.au/terms-and-conditions/](http://www.docscentre.com.au/terms-and-conditions/)



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