



PARTNERSHIP AGREEMENT ORDER FORM

NAME:

FIRM:

PHONE:

E-MAIL:

FREECALL 1800 773 477

AGREEMENT DETAILS

Name of Partnership _____

Commencement Date _____ Jurisdiction _____

Nature of Business _____

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

Specify area and period for the restraint of outgoing partners not to compete with the business of the partnership (up to 3 alternatives which will be used in combinations)

Area of Restraint 1. _____ 2. _____ 3. _____

Period of Restraint 1. _____ 2. _____ 3. _____

NOTE: Multiple areas and periods of restraint will be cumulative if specified i.e. Each combination of area and period will be considered when determining if a particular restraint is reasonable and therefore enforceable.

PARTNERS

#1 Partner Name _____

(include ACN if Company)

Trust Name _____

(if applicable)

Street Address _____

Names of ALL Directors _____

((1st 2 listed to be signatories))

% Share in Partnership _____ Guarantor *(if any)* _____

#2 Partner Name _____

(include ACN if Company)

Trust Name _____

(if applicable)

Street Address _____

Names of ALL Directors _____

((1st 2 listed to be signatories))

% Share in Partnership _____ Guarantor *(if any)* _____

#3 Partner Name _____

(include ACN if Company)

Trust Name _____

(if applicable)

Street Address _____

Names of ALL Directors _____

((1st 2 listed to be signatories))

% Share in Partnership _____ Guarantor *(if any)* _____

PARTNERS (cont'd)

#4 Partner Name _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
((1st 2 listed to be signatories)

% Share in Partnership _____ Guarantor *(if any)* _____

#5 Partner Name _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
((1st 2 listed to be signatories)

% Share in Partnership _____ Guarantor *(if any)* _____

#6 Partner Name _____
(include ACN if Company)
Trust Name _____
(if applicable)
Street Address _____

Names of ALL Directors _____
((1st 2 listed to be signatories)

% Share in Partnership _____ Guarantor *(if any)* _____

ADDITIONAL INFORMATION

PAYMENT DETAILS: Please debit the following card details by the amount of **\$ 330.00** (inc GST)

TYPE OF CARD: Visa Mastercard *Diners Club *Amex * 3% surcharge applies.

CARD NUMBER: _____ **EXPIRY DATE:** (/)

NAME ON CARD: _____ **SIGNATURE:** _____

Please return this Form on **FREEFAX 1800 655 556** or call with any queries.