



AUSTRALIAN COMPANY INCORPORATION SERVICES

FREECALL 1800 773 477

## PARTNERSHIP AGREEMENT ORDER FORM

NAME: .....

FIRM: .....

PHONE: .....

E-MAIL: .....

### 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 \_\_\_\_\_

*(1<sup>st</sup> listed to be Chairman)*

*(1<sup>st</sup> 2 listed to be signatories)*

% Share in Partnership \_\_\_\_\_

Initial Contribution \_\_\_\_\_

*Include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.) and dollar value*

Guarantor \_\_\_\_\_

*(if applicable)*

#2 Partner Name \_\_\_\_\_

*(include ACN if Company)*

Trust Name \_\_\_\_\_

*(if applicable)*

Street Address \_\_\_\_\_

Names of ALL Directors \_\_\_\_\_

*(1<sup>st</sup> listed to be Chairman)*

*(1<sup>st</sup> 2 listed to be signatories)*

% Share in Partnership \_\_\_\_\_

Initial Contribution \_\_\_\_\_

*Include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.) and dollar value*

Guarantor \_\_\_\_\_

*(if applicable)*

## PARTNERS (cont'd)

#3

Partner Name \_\_\_\_\_  
*(include ACN if Company)*  
Trust Name \_\_\_\_\_  
*(if applicable)*  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Names of ALL Directors \_\_\_\_\_  
*(1<sup>st</sup> listed to be Chairman)*  
*(1<sup>st</sup> 2 listed to be signatories)*  
% Share in Partnership \_\_\_\_\_  
Initial Contribution \_\_\_\_\_  
*Include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.) and dollar value*  
Guarantor \_\_\_\_\_  
*(if applicable)*

#4

Partner Name \_\_\_\_\_  
*(include ACN if Company)*  
Trust Name \_\_\_\_\_  
*(if applicable)*  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Names of ALL Directors \_\_\_\_\_  
*(1<sup>st</sup> listed to be Chairman)*  
*(1<sup>st</sup> 2 listed to be signatories)*  
% Share in Partnership \_\_\_\_\_  
Initial Contribution \_\_\_\_\_  
*Include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.) and dollar value*  
Guarantor \_\_\_\_\_  
*(if applicable)*

#5

Partner Name \_\_\_\_\_  
*(include ACN if Company)*  
Trust Name \_\_\_\_\_  
*(if applicable)*  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Names of ALL Directors \_\_\_\_\_  
*(1<sup>st</sup> listed to be Chairman)*  
*(1<sup>st</sup> 2 listed to be signatories)*  
% Share in Partnership \_\_\_\_\_  
Initial Contribution \_\_\_\_\_  
*Include details of any capital or other contribution to the partnership (ie. cash, plant, equipment, intellectual property etc.) and dollar value*  
Guarantor \_\_\_\_\_  
*(if applicable)*

**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.