

Application Form:

Company Name:	
Trading As:	
ABN:	
Company Address:	
Phone:	
Fax:	
Email:	
Website:	

How do you want us to reward you?

Please tick preferred option: <input type="checkbox"/> Commission payable to partner = 10% x annual subscription rate for the first year <input type="checkbox"/> Rebate payable to client = 10% x annual subscription rate for the first year	
Name of Bank:	
Account Name:	
Account Number:	
BSB Number:	

Terms and conditions:

I, the undersigned confirm, that I have read and agree to be bound by Workforce Guardians terms and conditions. I accept that WG may change these terms and conditions from time to time and that my continued participation as a referral partner will represent an agreement by me to be bound by the terms and conditions as amended: www.workforceguardian.com.au/terms-and-conditions

Authorising Person:	
Signature:	
Date:	

Send to:

Workforce Guardian - ABN 80 122 113 624

By fax: 02 8072 1575

By email: customercare@workforceguardian.com.au

By post: PO Box 400, North Sydney NSW 2059 AUSTRALIA

Partner enquiries - Phone: 1300 659 563 | Website: www.workforceguardian.com.au/partners