



A.B.N. 85 007 034 522

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PREQUALIFICATION AGREEMENT

1.0 TRADE/SERVICE PROVIDERS

1.1 *Calling Client on Approach*

It is a requirement of VBCS that their client be contacted to arrange a suitable time for work to be carried out.

1.2 *Quotation Procedure*

1. VBCS to be informed of progress or difficulties in quoting;
2. Quotation validation periods need to be clearly defined on response forms.

1.3 *Invoicing of both Responsive Maintenance and Regular Contract Work*

It is important to both VBCS and the customer, that there is a minimum delay between the carrying out of the service and payment of invoices. Delayed billing causes unpredictable fluctuations that can make business planning and budgeting more difficult. Invoices must be despatched to VBCS as soon as possible after the service has been carried out.

All invoices are to be addressed to the Owners Corporation of the strata plan and not to VBCS.

Where appropriate, relevant Work Order Number(s) must be quoted on all invoices.

All invoices will be scrutinised for accuracy and validity by VBCS. Inaccurate or invalid invoices will not be paid and may jeopardise your suitability for future work;

2.0 CODE OF CONDUCT

VBCS requires all Trade & Service Providers to adhere to the code of conduct set by VBCS to ensure the highest standard of service to our clients is maintained. Our code of conduct covers:

1. Quality of work
2. Behaviour
3. Punctuality
4. Honesty & integrity

Breaches, including incidents and complaints could result in a Trade & Services Provider being removed from the VBCS Plus trades register, resulting in loss of preferred supplier status.



3.0 PREQUALIFICATION AGREEMENT FORM

(To be completed by the trade and/or service provider's organisation/s)

This agreement is between VBCS and

3.1 Contact Details

Business name

Main Skill *(i.e. Electrical)*

Contact name/s

Structure *(i.e. P/L, Limited, Partnership, Sole trader)*

Street Address

Suburb

City

State _ _ _ _

Post Code _ _ _ _

Postal Address

Suburb

City

State _ _ _ _

Post Code _ _ _ _

B/H Phone Number (_ _) _ _ _ _ - _ _ _ _

A/H Phone Number (_ _) _ _ _ _ - _ _ _ _

Emergency Number (_ _) _ _ _ _ - _ _ _ _

Mobile _ _ _ _ - _ _ _ - _ _ _ _

Fax

E-mail

Web site

Essential:

Bank Name:

BSB Number

Account Number

ACN

ABN

Please tick the appropriate box.

3.2 Public Liability Yes No

Please supply a copy of the current insurance policy.

3.3 Sickness & Accident Insurance (where applicable) Yes No

Please provide a copy of the current Insurance policy.

3.4 Professional Indemnity Insurance (where applicable) Yes No

Please provide a copy of the current Insurance policy.

3.5 Workers Compensation Yes No

Please provide a copy of the current Insurance policy.

3.6 Trade Licence Yes No

Please provide a copy of the current Trade License.

3.7 Occupational Health & Safety Yes No

In accordance with the OH&S Act 2004 and OH&S Regulations 2007, duty holders are required to secure the health and safety of employees, other persons at work and members of the public. It is an offence in most states if the various OH&S Acts are not enforced or such not implemented. A major requirement of VBCS is to provide essential information in relation to this section of the application form.

1. Are you and your employees or contractors aware of the various OH&S Acts and Regulations? Yes No

2. Does your system of work comply with the relevant OH&S Acts? Yes No

3. Do you hold an induction card issued by Worksafe Victoria or equivalent? Yes No
(If yes, please provide a current copy)

4. Do your employees or contractors hold an induction card issued by Worksafe Victoria or equivalent? Yes No
(If yes, please provide a current copy)

Labour Rates

- 1. Are you registered for G.S.T? Yes No
- 2. Hourly rate to cover servicing Monday – Friday, 0700 – 1630 (*excluding Public Holidays*) \$
- Hourly rate to cover servicing outside standard hours and for weekends and public holidays \$
- 3. Minimum standard hours call out rate \$
- 4. Minimum after hours call-out rate \$

3.8 Company Profile

Areas of expertise

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Capabilities

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Staffing levels

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Length of time in Business

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3.9 Registration Commencement Date (Office Use Only)

Date:

3.10 Term of Pre-qualification Agreement (Office Use Only)

Period:

3.11 Additional Notes

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4.0 I have read and have a full understanding of the “Terms and Conditions of the Prequalification Agreement” included in this document. *(Please ensure an authorised signatory signs this document below).*

AUTHORISED SIGNATORY ON BEHALF OF TRADE/SERVICE PROVIDER

Signature: Witness signature:

Name: Name:

Title: Date:

AUTHORISED SIGNATORY ON BEHALF OF TRADE/SERVICE PROVIDER

Signature: Witness signature:

Name: Name:

Title: Date: