thinkrealestate **CompCheck™**

Booking Form for a Compliance Check of your Office

I wish to book a Compliance Check (***CompCheck***™)of my Office on the Terms and Conditions shown on the bottom of this form.

OFFICE TRADING NAME: _____

LEGAL STRUCTURE: CORPORATION: ❑ SOLE TRADER: ❑ PARTNERSHIP: ❑

CORPORATION NAME: _____
if partnership, list partners _____

_____

NAME of LICENSEE IN CHARGE: _____ _____
FIRST NAME FAMILY NAME

ADDRESS: _____

Phone: _____ Mobile: _____ Facsimile: _____

MAIN EMAIL TICK ONE

EMAIL WORK: _____ ❑

EMAIL PERSONAL: _____ ❑

No of Licensed Staff: ☐
No of Certificated Staff: ☐
No of Other Staff: ☐

How do you learn about ***CompCheck***™: TICK ONE

❑ WEB SITE ❑ CLIENT
❑ EMAIL ❑ REFERAL
❑ BROCHURE ❑ OTHER

I wish to book a ***CompCheck***™ Compliance check of my office. In making the booking I agree to the following Terms and Conditions :

1. The charge for ***CompCheck***™ is $330.00 per hour (incl. GST) with a minimum time of 3 hours. 50% of the minimum fee ($495.00)will be payable with the submission of this booking Form.
2. THINK REAL ESTATE will use due skill and diligence in undertaking ***CompCheck***™, however, THINK REAL ESTATE can accept no responsibility for any oversight or failure to identify any non compliance that a subsequent Office of Fair Trading (OFT) audit may discover. Nor will THINK REAL ESTATE accept any responsibility for any fine or action that OFT may take against the client.
3. THINK REAL ESTATE will have access to all records they require in order to undertake ***CompCheck***™.
4. THINK REAL ESTATE will maintain the confidence of the business nominated in this form, and will not divulge any information gathered by ***CompCheck***™ to any third party.
5. ***CompCheck***™ is undertaken on the Terms and Conditions contained in the Agreement that will be signed at the time ***CompCheck***™ is undertaken.

_____ _____
LICENSEE in CHARGE DATE

Payment Details:

TICK ONE

CHEQUE Attached ❑ Mail completed application and cheque to:
Think Real Estate, PO Box 4026, KOGARAH BAY NSW 2218

By **Credit Card** ❑
Fax. Completed form to 02 9587 5266

VISA ❑ MASTERCARD ❑ AMEX (plus 3.025% surcharge) ❑

CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Amount $** _____.00

Name of Cardholder: _____ Expiry Date: ☐☐/☐☐