

PAV PLUMBING PTY LTD

WORK ORDER FORM

Please complete and return this form via

FAX 02 9698 4599

MAIL PO Box 200
Surry Hills NSW 2010

BILLING DETAILS

Order No.	_____	Bill To	_____
Order Date	_____		_____
Ordered By	_____		_____
Phone	_____		

SITE CONTACT

Name	_____	Phone	_____	(Home / Work)
Unit No.	_____	Mobile	_____	

JOB DETAILS

Strata Plan	_____
Address	_____
Description	

Authorised Signature

Name

Date

By signing above I confirm that I am authorised by the owner of the abovementioned property to arrange that work be carried out and that all work completed by PAV Plumbing Pty Ltd will be paid for in full.