



Order Form Partnership

- Urgent orders are e-mailed that day. Otherwise, documents will be sent to you by e-mail within 48 hours of receipt of the order.
- Price includes telephone support & all supporting documents.
- Liability for taxation or asset protection issues is not accepted unless we have been asked to and given you a written advice.
- For fees on general commercial work, please telephone us to discuss your needs.

Order Form for Partnership Agreement

1 Name of Partnership _____

2 Date of Commencement of Partnership _____

3 Partners Full Names & Capital/Profit Share

Name	Address	Capital/Profit Share
_____	_____	_____
_____	_____	_____

4 If a Partner is a Company

(a) Company's A.C.N. _____

(b) Place of meeting _____

(c) Full names of directors meeting _____

5 Nature of Partnership Business

6 Address of Partnership Business

7 Partnership Bank (name and branch)

8 Partnership accountant

9 Notice to end the partnership is 6 months unless you tell us otherwise

10 You acknowledge that contributions to the capital of the partnership in excess of profit share must be separately recorded as a loan to confirm the contribution as a loan, otherwise, partnership capital accounts will be changed because of the excess contribution

11 Please note that we normally only send documents to you by e-mail in PDF format.

If you don't want them sent by e-mail please cross the box and we will post them to you.

Name of Firm

Contact at Firm

Email Address (to send documents)

Telephone

Facsimile

KNOWLEDGE + INNOVATION + SKILL = SOLUTIONS

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Liability limited by a Scheme approved under Professional Standards Legislation.

Legal Practitioners employed by and directors of

Sydney Business Lawyers Pty Ltd are members of the Scheme.

Payment of our bill

We have attached an authority if your client would like to pay our bill by credit card. This form of payment is not compulsory and a tax invoice will be supplied with the document package. If you want to pay in advance by credit card and do not know our GST inclusive cost, please contact us prior to sending us the authority. **Please fax direct to 02 9290 2998.**

Amount	\$ _____
Card Number	_____
Cardholder's Name	_____
Expiry Date	____/____
Card Type (circle type)	Mastercard Visa (no Amex)
Signature	_____

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