

TERM-seal

The Next Generation in Termite Management



Application for accreditation to use TERM-seal range of systems

Applicant Business details

Company Name:		
Address:		
City:	State:	Postcode:
Postal Address:		
City:	State:	Postcode:
Director's / Principle's name:		
ABN:	ACN:	
Email		
Phone:	Fax	Mobile

Insurance Details

A current insurance policy must be maintained for your accreditation status to remain valid

Insurance Company		
Address		
City	State	Postcode
Public Liability Policy No		
Indemnity Policy No		
Commencement Date	Expiry Date:	

Please provide a Certificate of currency with this form

TERM-seal (Aust) Pty Ltd

ABN 92 104 603 983

P.O. Box 5649 Port Macquarie NSW 2444 Ph: 1300 657 822 Fax: 02 6583 5699

Email: info@termseal.com.au

www.termseal.com.au

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Pest Control licensing details

Pest Control License No^o:

State Held:

Do you hold necessary pre construction qualification if applicable:

Yes No Not applicable in my state

I/We agree to keep records of TERM-seal installations, product batch numbers, allocation of a job number recorded on each job and return installation details on the TERM-seal job record sheet to TERM-seal (AUST) Pty Ltd within 30 days of job completion. (Third Party information is not Required).

I/We undertake to attend and complete the first available training course available.

Signed by (Print Name).....

Signature Date/...../.....

Quality Assurance Undertaking

TERM-seal (AUST) Pty Ltd is dedicated to a quality assurance system through Code- Mark Certification process. All accredited installers must meet certain requirements in record keeping to ensure product tracking, and undertake to use the TERM-seal range of products and systems strictly in accordance to TERM-seal installation manuals

Undertaking

I/We undertake to treat manuals, information and technology as confidential and will not divulge information, manuals or technical papers to any third party without the express written permission of TERM-seal (AUST) Pty Ltd.

We further understand that the accreditation also requires training with attendance and successful completion of the training being mandatory, prior to such accreditations being granted by TERM- seal (AUST) Pty Ltd.

Dated this day of 20...

Signed..... Print name

Witness Print Name

The information provided on this form is for internal use by TERM-seal (AUST) Pty Ltd and will not be on sold or transmitted to any other party.

Please return completed form including accompanying documentation for approval to:
Fax:02 6583 5699 Post: P.O.Box 5649 Port Macquarie NSW 2444

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