

BUSINESS INFORMATION AND AUTHORISATION SCHEDULE

RDAB Voucher No: _____

BUSINESS NAME:	
ABN:	
ADDRESS:	
CONTACT PERSON:	

PH(W):		PH(M):		E:	
--------	--	--------	--	----	--

BUSINESS TYPE:

Company
 Partnership
 Sole Trader
 Trust
 Trustee: _____
 Other
 Details: _____

TO BE SIGNED BY THE CLIENT:

I agree that the information contained above is true and correct to the best of my knowledge. I agree for this information together with a copy of the brief summary of recommendations prepared by the B2B Provider in the prescribed format, which I will receive, being provided to the RDA Barossa Inc. I acknowledge that RDA Barossa Inc will maintain strict confidentiality of the information provided and shall not use this information for any purposes other than to manage the B2B program and collate statistics (without specific individual Client information) to facilitate reporting and funding of the B2B program, without the express prior written consent of the abovementioned business.

Signed: _____ Date: _____
 (Client)

Name: _____ Position: _____

SUMMARY OF SERVICES PROVIDED AND RECOMMENDATIONS

RDAB Voucher No: _____

BUSINESS NAME:	
ABN:	
ADDRESS:	
CONTACT PERSON:	

PH(W):		PH(M):		E:	
--------	--	--------	--	----	--

Date of initial B2B Provider consultation with Client: _____

Based on the initial meeting(s) held with the abovementioned Business, the following is a brief summary of services provided and recommendations made with respect to the Business:

Services Provided:

-
-

Recommendations:

-
-
-
-
-

Signed: _____
(B2B Provider)

Date: _____

Name: _____

Position: _____