



# Partnership Agreement Order Form

Name	<input type="text"/>	Phone	<input type="text"/>
Firm	<input type="text"/>	E-mail	<input type="text"/>

## Agreement Details

Name of Partnership

Commencement Date

Specify area and period for the restraint of outgoing Partners not to compete with the business of the partnership (up to 3 alternatives which will be used in combinations).

Area of Restraint	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Period of Restraint	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

**NOTE: Multiple areas and periods of restraint will be cumulative if specified i.e. Each combination of area and period will be considered when determining if a particular restraint is reasonable and therefore enforceable.**

## Partners

Partner Name   
(include ACN if Company)

(include Trust and Trustee details if applicable)

Officer Names and Roles (First 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Partnership Share  %

Partner Name   
(include ACN if Company)

(include Trust and Trustee details if applicable)

Officer Names and Roles (First 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Partnership Share  %

Partner Name   
(include ACN if Company)

(include Trust and Trustee details if applicable)

Officer Names and Roles (First 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Partnership Share  %

# Partnership Agreement Order Form

## Partners Continued

**Partner Name**  
(include ACN if Company)

  

(include Trust and Trustee details if applicable)

**Officer Names and Roles**  
(First 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

**Partnership Share**  %

**Partner Name**  
(include ACN if Company)

  

(include Trust and Trustee details if applicable)

**Officer Names and Roles**  
(First 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

**Partnership Share**  %

**Partner Name**  
(include ACN if Company)

  

(include Trust and Trustee details if applicable)

**Officer Names and Roles**  
(First 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

**Partnership Share**  %

## Additional Information/Special Instructions

  
  
  
  
  

## Payment Details

Please debit the following card details by the amount of \$

Type of Card  Visa  Mastercard  Diners Club\*  Amex\* \*3% SURCHARGE APPLIES

Card Number  Expires  CCV

Name on Card  Signature