



## CHILD RESTRAINT FITTING/SAFETY CHECK AGREEMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EXPECTED DATE OF FITTING/SAFETY CHECK: \_\_\_\_\_

VEHICLE REGO NO.: \_\_\_\_\_ DRIVER'S LICENCE NO.: \_\_\_\_\_

VEHICLE MAKE AND MODEL: \_\_\_\_\_

### FEES (INC. GST) – Payment Code 90

<input type="checkbox"/>	Safety Check	\$	_____
<input type="checkbox"/>	Fitting & Supply Bolt	\$	_____
<input type="checkbox"/>	Fitting Only (Excluding Bolt)	\$	_____
<input type="checkbox"/>	Holden Rodeo Anchor Plate	\$	_____
<input type="checkbox"/>	Dual Cab – D Buckle Kits	\$	_____
	<b>TOTAL AMOUNT PAYABLE</b>	<b>\$</b>	_____

### Office Use Only

Receipt No.:		Date:	
Appointment:		Faxed to Depot:	