

To: Shelcom Corporate Services
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INSTRUCTIONS FOR A PARTNERSHIP AGREEMENT

From: Name _____
Company _____
Address _____
Phone No. _____ Fax No. _____
Email _____

NAME OF AGREEMENT _____
DATE OF DEED _____
COMMENCEMENT DATE _____
BUSINESS ADDRESS _____

PARTNER 1

Full Name _____
Address _____
Email Address _____
Phone No. (Busn) _____ Fax No. _____

PARTNER 2

Full Name _____
Address _____
Email Address _____
Phone No. (Busn) _____ Fax No. _____

PARTNER 3

Full Name _____
Address _____
Email Address _____
Phone No. (Busn) _____ Fax No. _____

PARTNER 4

Full Name _____
Address _____
Email Address _____
Phone No. (Busn) _____ Fax No. _____

NATURE OF BUSINESS _____

NUMBER OF WEEKS HOLIDAYS
EACH PARTNER MAY TAKE PER
CALENDER YEAR _____

CAPITAL CONTRIBUTIONS _____

PROFIT & LOSS PROPORTIONS _____

PARTNERSHIP BANK

Name of Bank _____

Address of Bank _____

Signatories _____

PARTNERS' DRAWINGS _____

MAXIMUM ILLNESS LEAVE _____

INTEREST RATE _____

ADDITIONAL PROVISIONS

CREDIT CARD DETAILS: VISA MASTERCARD BANKCARD AMEX DINERS

Card Number:

Card Holder: _____

Expiry Date: / Card Holders Signature _____

Direct Bank Credit: BSB: 063 303 Account No: 1004 9522 – Please quote invoice no. or company name in comments