



CQ NRL BID

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Corporate Partnership Agreement

Company Details:

Name: _____

Business Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

Phone: () _____ Fax: () _____

Email: _____

Website: _____

Company Type: _____

Number of employees: _____ Number of Offices: _____

Number of Vehicles and Type: _____

Contact Person:

Name: _____

Position: _____

Phone: () _____ Fax: () _____

Email: _____

Organisation Membership/s (e.g. Chamber of Commerce, etc.): _____

Shirt Size: _____

Partner's Name: _____

Favourite *Current* NRL Club: _____

Payment Type: Direct Deposit
 Credit Card

Cash
 Pay-Pal

Cheque

