

# Authority to Enquire Form

PLEASE SEND USING ONE OF THE FOLLOWING METHODS:

1. Fax: 1300 100 777
2. Scan/Email: [office@beinspired.com.au](mailto:office@beinspired.com.au)
3. Post: Suite 202, 254 Bay Road, Sandringham, VIC 3191

## Business Information:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Post Code \_\_\_\_\_

Phone | Mobile \_\_\_\_\_

Fax | Email \_\_\_\_\_

TO: (*Waste Provider Name*) \_\_\_\_\_

## AUTHORITY DETAILS

I, \_\_\_\_\_ (*please Print Name*) acting as an Authorised Representative of the above mentioned *Business* hereby give consent for a representative of **Waste Alert** to make any enquiries regarding my existing service arrangements with the Waste Provider listed above in the *Waste Provider Name* field.

The permission being granted includes the right to enquire about (or obtain a copy of) the *Service Contract* and *Terms & Conditions* for the existing waste collection arrangement between the above listed *Waste Provider* and the business I represent, which may include but not be limited to enquiries regarding Fees and variations, Payment, Exclusivity, Term and Renewal, Premises & Access, Weight limits, Indemnity, and Right to Compete contract clauses.

Please provide any information as requested by **Waste Alert** in a timely manner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and either:

**Waste Alert**

Suite 202, 254 Bay Road  
Sandringham, VIC 3191