2017 www.jobjump.com.au Tax Invoice Form & Subscription

Complete all parts of this form and return within 3 weeks to: JOBJUMP PTY LTD, P.O. Box 440, Panania NSW 2213

То:	School Contact Person: Position: Address:			Gary Grant
				E:gary.grant@jobjump.com.au M: 0425 359 777 ABN: 29167907253 P.O. Box 440
Tick 1	the appropriate boxes for you			Dated: 31/01/2017 one of the 3 methods below.
	lect below the overall secondary s			
	Schools \$350 TOTAL (\$318.18			students
	Schools \$200 TOTAL (\$181.82			500 students
	Schools \$140 TOTAL (\$127.27			
	1. PLEASE MAKE CHEQUE PAYME	,		
OR	JOBJUMP PTY LTD RETURN CHEQUE WITH THIS COM JOBJUMP PTY LTD P.O. Box 440 P	MPLETED FORM TO:		
	2. FOR DEC SCHOOLS USING SHA	RED SERVICES		
	Complete and return this form to our address above and use our Vendor Number 0100318280 EFT to: COMMONWEALTH BANK ACCOUNT JOBJUMP PTY LTD BSB: 06 2222 ACCOUNT NUMBER: 10256403			
3. FOR NON DEC SCHOOLS USING EFT. Complete and return this form to our address above and EFT to: COMMONWEALTH BANK ACCOUNT JOBJUMP PTY LTD BSB: 06 2222 ACCOUNT NUMBER: 10256403				
	ITE SUBSCRIPTION AGREEMENT			
ITEM 1		High School		Licensee
ITEM 2	www.jobjump.com.au			Website
ITEM 3	//2017			Anniversary Renewal Date
ITEM 4	Commencing from date in Item 3 throu	igh to 1 year from this date.		Term
ITEM 5	\$TOTAL (Write here one of the	ne 3 fee options above)		Yearly Fee
EXECU	ITED as a Licence Agreement. I have read	and understood the Terms f	ound from	the links on the Front Page of the website.
Signature of authorised school representative (eg Careers Advisor).				resentative (eg Careers Advisor).
				int name of authorised representative
	of the school			



Signature Gary Grant for & on behalf of JobJump Pty Ltd, (the Licensor)

The parties to this agreement are JobJump Pty Ltd (ACN 167 907 253) a company incorporated in New South Wales (the "Licensor") AND the party named as the Licensee in **ITEM 1** of the Reference Schedule (the "Licensee") .