


REQUEST FOR INTERPRETING SERVICES

Client:	<i>Please complete and return by Fax To: (02) 9221 4763</i>	ATL OFFICE USE
Company Name:		Job Date:
Street Address:		Language:
Postal Address:		Payee Code:
Telephone:		Instructed By Code:
Facsimile:		
Doc. Exchange: DX		

For Online bookings please visit www.atl.com.au or Email atl@atl.com.au

To:	The Booking Clerk	Incorporating
	A ssociated	Dimo Galiungi & Associates
	T ranslators &	Level 5, 72 Pitt Street, Sydney NSW 2000
	L inguists Pty Ltd	GPO Box 4136, Sydney NSW 2001
	Fax: 9221 4763 / Phone: 9231 3288 DX 446 SYDNEY	

We wish to **confirm / book** an interpreter detail as follows:-

Required On:	Day	Date	Time
Language:		Booked For:	<input type="checkbox"/> Hour/s <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day/s
Claimant/Matter//:	(Claimant/Matter/Case/etc.) -v- / e/b		
Claim Number/or Job Reference:	(To be shown on Invoice)		
Contact Person:	(Doctor/Solicitor/Rehab Officer/etc.)		
Job Location:			
Please Direct Account To: →	Please tick <input type="checkbox"/> if same as above		
Name & Address			
Special Instructions:			
Requested by:	(Please Print)		Phone No.:
Signature:			Date:

If you require confirmation of booking please enter Fax No.:	Fax to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	OFFICE USE Confirmed By: _____	Date: _____

UNDERTAKING

We hereby acknowledge having read your "Client Information Booklet" (revised as at 1/10/2008) and agree to be bound by the terms of trade set out therein and further undertake to pay your fees as prescribed therein or as varied from time to time by written notice, within 30 days of the date of assignment, including any applicable cancellation fees as detailed in your Client Information Booklet.