**SHORT FORM ICT CONTRACT CUSTOMER ORDER FORM**

The Customer and the Supplier agree that this Customer Order is in accordance with the Short form ICT general terms and conditions under the ICT Services Scheme.

**1. NAME AND ADDRESS OF CUSTOMER**

**2. NAME AND ADDRESS OF SUPPLIER**

**3. TERM**

Date contract commences:

# Date contract expires (if known)

# 4. SCOPE

# Deliverable: *Specify whether a Product, Service or output from Service is required and attach Contract Specifications and/or User Documentation as Annexure ‘A’, if necessary.*

# Service:

# (a) *Specify the type of Service(s) required (if applicable):*

# Hardware Maintenance and Support Services:

# Development Services:

# Software Support Services:

# IT Personnel:

# Professional Services:

# Data Management:

# Telecommunication Services:

# Web Services:

# Managed Services:

# Systems Integration Services:

# Project Management Services:

# Change Management Transformation Services:

# Knowledge Transfer Services:

# (b) Service Level:

# (c) Status Reports (if any):

# (d) Performance Review Procedure(s) (if any):

# (e) Professional Indemnity Insurance:

#  Tick Box if the Services are advisory or design in nature. If yes, professional indemnity insurance is required.

# Product:

# (a) *Specify whether any Hardware and/or Licensed Software is required (if applicable).*

# (b) *Specify Standard of Product, if necessary.*

# 5. CONTRACT PRICE

# The total Contract Price is [insert] (exclusive of GST).

# 6. PAYMENT PLAN

# The Contract Price is payable by the Customer either in one payment upon satisfactory completion of the Services (in the Customer’s sole opinion) and delivery of the Deliverables;

# or

# Payable in instalments upon satisfactory completion by the Supplier (in the Customer’s sole opinion) of the milestones or key performance indicators as set out in the following table;

|  |  |  |  |
| --- | --- | --- | --- |
| Instalment | Amount of Instalment (excl GST) | Milestone or Key Performance Indicators (KPI) | Expected date for completion of milestone or KPI |
| 1 |  |  |  |
| 2 |  |  |  |
|  3 |  |  |  |

# 7. TIMING

|  |  |
| --- | --- |
| **Description of Product, Service or Output from Service** | **Date** |
| *(insert deliverable/ service to be completed)* | *(insert date)* |
| *(insert deliverable/ service to be completed)* | *(insert date)* |

# 8. LOCATION

|  |  |
| --- | --- |
| Delivery Address and Instructions  | *Drafting Note: For Products, insert full delivery details including person and/or position to whom supplies should be delivered, address for delivery and, if a pre-delivery inspection is required, details of the process for approval should be included here.* *For Services, insert full details of where the Services are to be undertaken or insert ‘not applicable’ in this section.* |

# 9. SPECIFIED PERSONNEL

|  |  |  |
| --- | --- | --- |
| **Name**  | **Position** | **Role** |
|  |  |  |
|  |  |  |

# 10. SECURITY REQUIREMENTS

# 11. ADDRESSES FOR NOTICES AND LIAISON CONTACTS

**Customer’s Contract Manager:**

Name/position title:

Postal Address:

Telephone:

Mobile:

Email Address:

**Supplier’s Contract Manager:**

Name/position title:

Postal Address:

Telephone:

Mobile:

Email Address:

# Address for Invoices

Name/position title:

Postal Address:

Email Address:

 **Tick Box if Supplier is a small business.**

**SIGNED AS AN AGREEMENT**

|  |  |  |
| --- | --- | --- |
| **SIGNED** by the signatory for and on behalf of the **SECRETARY** but not so as to incur any personal liability:  Signature of Authorised Signatory Print Name Date |  |    |
| **Signed** by ***#Name of Supplier#*** ***and ABN*** Signature of Authorised Signatory Print nameDate |  |  |