



Luckens Fumigation Services

Address: 19 HOWSON WAY, BIBRA LAKE WA 6163
Postal Address: PO BOX 1139, BIBRA LAKE DC, WA 6965
Administration: Ph: (08) 6595 0800
Logistics: Ph: (08) 6595 0888

Credit Application Form

PLEASE CLEARLY PRINT YOUR DETAILS AND RETURN VIA FAX OR EMAIL TO ADMINISTRATION

EM: accounts@luckens.com.au

FAX: (08) 6595 0899

OFFICE USE ONLY

STAMP:

DATE OPENED: _____

ASIC REGISTRATION CURRENT: YES NO

ACTIVE ABN: YES NO

CUSTOMER N°: _____

AUTHORISED BY: _____

OUR POLICY REQUIRES THAT ALL NEW APPLICANTS WILL BE PLACED ON A "CASH ON DELIVERY / PAYMENT PRIOR TO COLLECTION" TRIAL PERIOD BEFORE BEING ASSESSED FOR OUR STRICTLY 30 DAY CREDIT TERMS.

1. COMPANY DETAILS

FULL BUSINESS NAME: _____

REGISTERED COMPANY NAME: _____

ABN: _____ ESTABLISHED FOR: _____ YEARS

STREET ADDRESS: _____

POSTAL ADDRESS: _____

2. ACCOUNTS PAYABLE CONTACT

NAME: _____

POSITION: _____

TELEPHONE N°: _____ FAX N°: _____

EMAIL ADDRESS: _____

3. CREDIT REFERENCES

Please supply two trade references to support this credit application

Reference 1:

COMPANY NAME: _____

CONTACT NAME: _____ PHONE N°: _____ FAX N°: _____

EMAIL ADDRESS: _____

Reference 2:

COMPANY NAME: _____

CONTACT NAME: _____ PHONE N°: _____ FAX N°: _____

EMAIL ADDRESS: _____

4. PAYMENT OPTIONS

PLEASE NOTE: ALL INVOICES, CREDITS, STATEMENTS & NOTIFICATIONS WILL BE EMAILED TO THE EMAIL ADDRESS SPECIFIED ON THIS FORM.

Please advise your method of payment (tick one)

<input type="checkbox"/> CHEQUE	<input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (Preferred method)
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OUR EFT DETAILS ARE AS FOLLOWS: -

BANK: National Australia Bank
BRANCH: Booragoon
BSB N°: 086-136 ACCOUNT N°: 13158 - 7585
ACCOUNT NAME: Citywalk Pty Ltd T/As Luckens Fumigation Services
CONTACT PERSON/S: Jan Fletcher, Vanessa Taylor-Rennie or Denise Luckens
CONTACT EMAIL: accounts@luckens.com.au

5. AUTHORISATION

1. The Applicant hereby applies for credit with Citywalk Pty Ltd T/As Luckens Fumigation Services on the basis of the information supplied above. The Applicant certifies this information is true and correct.
2. The Applicant authorises Citywalk Pty Ltd T/As Luckens Fumigation Services, for the purpose of this application, to collect and retain information about the Applicant and to enquire of all persons referred to in the above application regarding the contents of this application.
3. The Applicant confirms that the person signing this application is duly authorised to sign on behalf of the Applicant.
4. The Applicant, by signing this form, is agreeing to abide by our terms (which is clearly stated on all Company invoices & statements) of "STRICTLY 30 DAYS" and will endeavour to pay all accounts promptly on time. **If the terms are defaulted, the account will become a cash only account. Credit will be reinstated at our discretion.**

NAME: _____ POSITION: _____

SIGNATURE: _____ DATE: ____/____/____