



## Luckens Fumigation Services

POSTAL ADDRESS: P.O. BOX 260, KELMSCOTT W.A. 6991  
ADMINISTRATION: PH: (08) 9525 1068  
FREMANTLE DEPOT: PH: (08) 9335 4020  
WELSHPOOL DEPOT: PH: (08) 9358 1211  
Email: accounts@luckens.com.au

### Credit Application Form

PLEASE PRINT CLEARLY YOUR DETAILS AND RETURN VIA FAX OR EMAIL TO ADMINISTRATION  
FAX: (08) 9525 0552

OFFICE USE ONLY STAMP:	DATE OPENED: _____
CUSTOMER N°: _____	AUTHORISED BY: _____ (SIGNATURE)

#### 1. COMPANY DETAILS

BUSINESS NAME: \_\_\_\_\_

REGISTERED COMPANY NAME: \_\_\_\_\_

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

TYPE OF BUSINESS:  Registered Company  Partnership  Sole Trader

ESTABLISHED FOR: \_\_\_\_\_ YEARS

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

#### 2. ACCOUNTS PAYABLE CONTACT

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

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 WILL BE EMAILED TO THE EMAIL ADDRESS SPECIFIED ON THIS FORM.**

Please advise your method of payment (tick one)

CHEQUE

ELECTRONIC FUNDS TRANSFER  
(Preferred method)

OUR EFT DETAILS ARE AS FOLLOWS: -

BANK:	National Australia Bank
BRANCH:	Jull Street, Armadale WA 6112
BSB N°:	086-116 ACCOUNT N°: 64823-8388
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 are clearly stated on all of our Company invoices) of "STRICTLY 30 DAYS" and will endeavour to pay all accounts promptly on time.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_