



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 ^o : _____ | 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^o: _____ FAX N^o: _____

EMAIL ADDRESS: _____

3. CREDIT REFERENCES

Please supply two trade references to support this credit application

Reference 1:

COMPANY NAME: _____

CONTACT NAME: _____ PHONE N^o: _____ FAX N^o: _____

EMAIL ADDRESS: _____

Reference 2:

COMPANY NAME: _____

CONTACT NAME: _____ PHONE N^o: _____ FAX N^o: _____

EMAIL ADDRESS: _____

4. PAYMENT OPTIONS

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

Please advise your method of payment (tick one)

| | |
|---------------------------------|--|
| <input type="checkbox"/> CHEQUE | <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (Preferred method) |
|---------------------------------|--|

OUR EFT DETAILS ARE AS FOLLOWS: -

| | |
|----------------------|--|
| BANK: | National Australia Bank |
| BRANCH: | Jull Street, Armadale WA 6112 |
| BSB N ^o : | 086-116 ACCOUNT N ^o : 64823-8388 |
| ACCOUNT NAME: | Citywalk Pty Ltd, T/As Luckens Fumigation Services |
| CONTACT PERSON/S: | Jan Fletcher, Vanessa Kuser 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: ____/____/____