



# LUCAS OIL PRODUCTS OF AUSTRALIA PTY LTD

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**"KEEP THAT ENGINE ALIVE"**

Type of Entity (please circle)

Public Company  
Trustee Company

Private Company  
Partnership Sole Trader

Information supplied will be held strictly confidential.  
Please note out terms are strictly nett thirty (30) days  
from invoice date.

Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Name of Person or Company owning Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

P.O. Box No.: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Speak to: \_\_\_\_\_ Position: \_\_\_\_\_

Address for forwarding Accounts: \_\_\_\_\_

Address for delivery of Materials: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Amount of Credit Required:\$ \_\_\_\_\_

A.B.N.: \_\_\_\_\_

If you have been in this business less than 12 months please attach details of previous business or employment.

PROPERTY IS: OWNED LEASED

If leased, Name and Address or Lessor/Finance Company

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## HISTORY

Date Business Commenced: \_\_\_\_\_

Name of Accountants/Auditors: \_\_\_\_\_

Do you own your business premises: [YES][NO] \_\_\_\_\_

## BANKER

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address of Branch: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

## TRADE REFERENCES

Does anyone else give you Credit? If so:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

Please list name and address of Directors or Partners in the business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER**

1. Expected Average Monthly Value of Account: \$ \_\_\_\_\_

2. I/We hereby apply the opening of a credit account and provide the above information support thereof.

3. I/We understand that the normal trading terms are strictly 30 days from invoice date. We undertake to pay all accounts on the due date and acknowledge that if the accounts becomes overdue, it is automatically suspended until brought within trading terms.

4. I/We understand that credit may be withdrawn should the authorised credit limit be exceeded.

5. I/We understand that interest may be charged on overdue balances.

6. I/We understand the Directors' Personal Guarantees may be required.

7. I/We acknowledge receipt of and accept the General terms and Conditions of Sales and I, \_\_\_\_\_ certify that I am authorised to sign this Credit Application on behalf of \_\_\_\_\_ and the information given is true and correct to the best of my knowledge.

8. The ownership of the goods is only transferred when all sums owing have been paid. Lucas Oil Products has the right to recover the goods if payment has not been made, no matter where the goods are physically located.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name (Print in BLOCK LETTERS): \_\_\_\_\_  
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**OFFICE USE ONLY**

Comment 1 \_\_\_\_\_

Comment 2 \_\_\_\_\_

Comment 3 \_\_\_\_\_

Customer No.: \_\_\_\_\_ Zone: \_\_\_\_\_ Salesman: \_\_\_\_\_

Credit limit: \_\_\_\_\_ Territory: \_\_\_\_\_ Date Ent.: \_\_\_\_\_

Customer type: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Verification sent: \_\_\_\_\_