

LUBON HOLDINGS PTY LTD T/A  
DOUG SMITH SPARES

191 MACQUARIE STREET, PARRAMATTA, 2150 TEL: 02 96355200 FAX: 02 96893996  
67 GRANDVIEW STREET, PYMBLE, 2073, TEL 02 94497655 FAX 02 94889248

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**ACCOUNT CUSTOMER DETAILS**

Name Of Your Business : .....

Trading Name : .....

A.C.N Or A.B.N # : .....

Postal Address : Street .....

Suburb .....

Post Code .....

State .....

Delivery Address : Street .....

Suburb .....

Post Code .....

State .....

Phone Number : .....

Mobile Number .....

Fax Number : .....

Email Address .....

Name Of person(s) who does your parts purchasing : .....

Name Of person(s) who pays your accounts : .....

Do you insist on order numbers on Invoices in order to facilitate payment? Yes/No

**Full Name and Residential Address of all Directors/Partners/Proprietor:**

(1) Name : .....

Address : Street .....

Suburb .....

Post Code .....

State .....

Drivers Licence # .....

Date of Birth .....

(2) Name : .....

Address : Street .....

Suburb .....

Post Code .....

State .....

Drivers Licence # .....

Date of Birth .....

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In order to allow us to provide a better service to you, please tell us a little about your business:

Principal activity: appliance service/electrical/plumbing/commercial refrig/other.....

What type of Appliances do you Service?

Washers/ Dryers	Y/N	Stoves Gas	Y/N	Commercial Refrig.	Y/N
Dishwashers	Y/N	Hot Water	Y/N		
Domestic Refrig.	Y/N	Vacuum Cleaners	Y/N		
Air Cond.	Y/N	Small Appliances	Y/N		
Stoves Electric	Y/N	Microwaves	Y/N		

Other .....

Do you recondition appliances? Y/N

Do you sell factory seconds? Y/N Which Brands.....

What sort of business do you have? Work From Home/Shop/Factory Unit/Other.....

How many Service Vans? .....

What else would you like us to know about your business? (Items you specialize in or brands you sub-contract for etc)

# ACKNOWLEDGEMENT OF TERMS OF SALE

The undersigned:

1. Authorises Lubon Holdings Pty Ltd to make enquiries as to the business and credit standing of the Customer with the Bank and/or the Credit References named in this document.
2. Agrees to pay for all goods and services within 30 days of the date of each statement of account.
3. Agrees that all the conditions and other provisions set out in this document and in the Doug Smith Spares Price List apply to the supply of goods and/or services by Lubon Holdings Pty Ltd as from the date of this document.
4. Agrees that the title to the goods shall not be deemed to pass to the Customer until payment in full has been made by the Customer to Lubon Holdings Pty Ltd.
5. Agrees that Lubon Holdings Pty Ltd may obtain a report about my commercial activities and commercial credit worthiness from a business which provides information about the credit worthiness of persons (Section 18L (4) Privacy Act 1988).
6. Agrees that in order to assess my application for commercial credit, Lubon Holdings may obtain from a credit reporting agency a credit report containing personal credit information about me in relation to commercial credit provided by Lubon Holdings Pty Ltd (Section 18K (1) b Privacy Act 1988).
7. Understands that Lubon Holdings Pty Ltd may give certain personal information about me to a credit reporting agency (Section 18E (8) c Privacy Act 1988)
8. Agrees that Lubon Holdings Pty Ltd may exchange information with those credit providers named in this application or named in a consumer credit report issued by a credit reporting agency in order to assess an application by me/us for credit, to notify other credit providers of a default by me/us, to exchange information with other credit providers as to the status of this account where I am in default with other credit providers, or to assess my/our credit worthiness (Section 18N(9), Privacy Act 1988).
9. Warrants that this document as completed and all the information supplied about the Customer in connection with this application is true and correct.
10. Agrees that failure to enforce any right or to insist that the Customer comply with the provisions of this document shall not constitute a waiver of that right or entitlement to compliance.

SIGNED BY ALL DIRECTORS OR PARTNERS ON BEHALF OF THE CUSTOMER:

1	NAME	POSITION
	SIGNATURE	DATE
2	NAME	POSITION
	SIGNATURE	DATE

Office Use Only	
Act	_____
BR	_____
Area	_____
Account #	_____
Branch	_____