



All new accounts are 'pre-paid' until a history is established. We respect our genuine bulk wholesale account customers, so in order to qualify for an account of either type regular, bulk orders must be placed.

PRE-PAID ACCOUNT APPLICATION

Full Trading Name or Business Title
ACN (Company) or Bus Reg No. GST No.
Telephone Facsimile E-Mail
Company Website Address
A/c's Contact Contact Tel No.

Lumen Electronics
P.O. Box 90-439
A.M.S.C, Auckland
Phone: (09) 820 6525
Fax: 0800 800 310
Email: info@lumen.net.nz
Web: www.lumen.net.nz

Credit References (needed for future credit account)

Credit Limit Needed \$ Number of years this business has been operating
Trade Reference (1) Telephone:
Trade Reference (2) Telephone:

Business Information

If you are a Company:

Director (1) Address
Director (2) Address

If you are a partnership or sole trader:

Proprietor(s) Address
Date of Birth Driver's Licence No.

Postal / Delivery

Billing Address: [grid]
Postal Code: [grid] Tel: [grid] Fax: [grid]
Contact Name: [grid] Position [grid]

Delivery address (if different from above)

Delivery Address: [grid]
Postal Code: [grid] Tel: [grid] Fax: [grid]
Contact Name: [grid] Position [grid]

Payment of Orders

We require EFT pre-payment (Visa / Mastercard) for ALL new accounts until a 6 month history has been established

Card Number [grid] Expiry Date [grid]
Card name Contact Telephone Number

Signed Agreement

BY SIGNING BELOW, I ACKNOWLEDGE THAT:

i. I/We accept your terms of payment being pre-paid (strictly)* [X]
ii. I/We acknowledge that I/We have read, understood and accepted Lumen's Terms and Conditions of Trade as set out opposite
Applicant Signature Of Duly Authorised Officer
Date
Please print your name

Lumen Office Use only

Sales Rep Date Authorised by: