

*Office use only Account Number: _____
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## APPLICATION FOR CREDIT

All fields are mandatory to complete

Trading name: \_\_\_\_\_ Number of years trading under this name: \_\_\_\_\_

Registered Company  Sole Trader  Partnership  Publicly Listed Company

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

Trading address: \_\_\_\_\_ Postcode & State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email address: \_\_\_\_\_ Bank: \_\_\_\_\_

Website: \_\_\_\_\_ Branch: \_\_\_\_\_

### OWNER'S OR DIRECTOR'S INFORMATION:

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

Private address: \_\_\_\_\_ Private address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Driver's Licence No: \_\_\_\_\_ Driver's Licence No: \_\_\_\_\_

### CREDIT LIMIT

Amount of credit desired (please choose):  \$2,500  \$5,000  \$10,000  Other \_\_\_\_\_

*Office use only Amount Approved: _____
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### TRADE REFERENCES (BUSINESS ONLY):

*Please complete ALL fields to enable rapid processing of your application.*

Company name: _____	Contact Name: _____
Address: _____	Telephone: _____
Company name: _____	Contact Name: _____
Address: _____	Telephone: _____
Company name: _____	Contact Name: _____
Address: _____	Telephone: _____

- I consent to the supplier (Peleguy Distribution) obtaining information from the above-mentioned referees in support of this application.
- All information, as supplied in this form, is correct to the best of my knowledge.
- I have read and agreed to the Terms & Conditions and Privacy Statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Position: \_\_\_\_\_

### PERSONAL GUARANTEE

I/we understand the trading terms as explained to me/us by the Vendor. I/we guarantee payment of any and all accounts for goods purchased by the above company together with any legal or out-of-pocket expenses with the collection of any outstanding monies. I/we understand this guarantee binds me/us personally.

Signature: _____	Signature: _____
Company Director: _____	Company Director: _____
Date: _____	Date: _____
Print name: _____	Print name: _____
Witness: _____	Witness: _____

*Please SIGN and return completed application form to Peleguy Distribution  
Mail: P.O Box 32 Moorabbin, VIC 3189 • Fax: 03 9553 2960 • E-mail: admin@peleguy.com.au*