PeleGuy distribution pty Itd

PO Box 32 Moorabbin VIC 3189 Tel: 1300 377 341 Or :03 9553 0969 Email: admin@peleguy.com.au ABN 98 932 539 665

*Office use only Account Number:

APPLICATION FOR CREDIT

All fields are mandatory to complete

Company name:		Trading) as:	
Registered Company \Box	Trust 🗌		Partnership 🗌	Sole Trader
ACN:		ABN:		
Trading address:				
Telephone:		Fax:		
Email address:		Website:		_
OWNER'S OR DIRECTOR'S INFOR	MATION:			
Name:		Name:		
Private address:		Private ac	ldress:	
		-		
Phone: Mobile:		Phone:		Mobile:
Driver's Licence No:	DOB:	Driver's L	icence No:	DOB:
CREDIT LIMIT]	*Office use only
Amount of credit desired (please choose):	□\$2,500 □\$5,000 □	\$10,000	Other	Amount Approved:
TRADE REFERENCES (BUSINESS Please provide 3 trade references and complete ALL Company name:	ONLY): fields to enable rapid processing of	your applicatio	on.	
Name of Contact:			Telephone:	
Company name:				
ame of Contact: Telephone:				
Company name:				
Name of Contact:	Telephone:			
 I consent to the supplier (Peleguy Dist All information, as supplied in this form I have read and agreed to the Terms a 	n, is correct to the best of m	y knowledge		in support of this application.
Signed: Name & Position:		Date	:	
PERSONAL GUARANTEE				
l/we understand the trading terms as expl by the above company together with any guarantee binds me/us personally. *Section below MUST be signed by all Di	legal or out-of-pocket expen	ises with the	e collection of any outstandi	ng monies. I/we understand this

Signature:	Signature:		
Name of Director:	Name of Director:		
Date:	Date:		
Witness: (signature) Print Name (Witness)	Witness: (signature) Print Name (Witness)		

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