



## APPLICATION FOR CREDIT ACCOUNT

In consideration of the Applicant named in section one (1) below who hereby applies for a 30 days credit account .

By proceeding with making an application for credit account, you, the authorised person for the applicant or the applicant, agree to the Tiger Tek Pty Ltd Terms & Conditions viewable at [www.tigertek.com.au](http://www.tigertek.com.au).

**NB:** It is important that all information is supplied, as an incomplete form may delay a decision. If preferred, certain confidential information can be submitted direct to our Credit Manager. Please email the completed form to [accounts@tigertek.com.au](mailto:accounts@tigertek.com.au).

### PLEASE USE BLOCK LETTERS

1. THE APPLICANT		DATE: _____
COMPANY NAME: _____		ABN: _____
SOLE TRADER/PARTNERSHIP		
Trading Name: _____		
2. TRADING DETAILS		
(i) Registered Business Name (if any): _____		
(ii) Type of Business: _____		
Established for: _____ years.		
3. ADDRESS		
(i) Business Address: _____		Postcode: _____
(ii) Postal Address : _____		Postcode: _____
(iii) Telephone No : _____		Email Address : _____ Mobile No: _____
(iv) Registered Office: _____		Postcode: _____
4. FOR COMPANIES/CORPORATIONS		
Date of Incorporation: _____ / _____ / _____		State Incorporated: _____
Authorised Capital: \$ _____		Paid Up Capital: \$ _____

5. TRUST AND TRUSTEE DETAILS (if applicable) :

Does this Applicant or Directors act as a Trustee or Trustees for a Trust? If so, please complete the details below .

(i) Name of Trustee: \_\_\_\_\_

(ii) Name of Trust: \_\_\_\_\_

Type of Trust: \_\_\_\_\_ (Discretionary Family Trust/Unit Trust)

6. DIRECTOR(S) / PROPRIETOR(S) FULL NAMES AND ADDRESSES:

	Surname	First Name	Residential Address	Suburb	Date of Birth
(i)	_____	_____	_____	_____	_____
(ii)	_____	_____	_____	_____	_____
(iii)	_____	_____	_____	_____	_____
(iv)	_____	_____	_____	_____	_____

7. HAVE ANY OF THE DIRECTORS / PROPRIETORS REFERRED TO IN THE ABOVE SECTION

- (i) Had any of their property or assets attached as a result of a court order, had bankruptcy proceedings instituted against them, or entered into bankruptcy voluntarily? Yes No
- (ii) Been refused credit, either individually, as a partner in a business or as a Director or Shareholder of a company? Yes No

12. REFERENCES

	Company/Individual Name	Person to Contact (If Company)	Telephone No
(i)	_____	_____	_____
(ii)	_____	_____	_____
(iii)	_____	_____	_____

13. ACCOUNT QUERIES AND FOLLOW UP

Please nominate a person to contact for account queries and follow-up \_\_\_\_\_

**For TigerTek Internal Office Use Only**

Notes:

\_\_\_\_\_

Credit Declined/Approved      Credit Limit \$ \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_ A/c No \_\_\_\_\_

## Guarantee and Indemnity by Directors

In consideration of Tiger Tek Pty Ltd agreeing to make this credit facility available to the applicant, I/We irrevocably guarantee jointly and severally, the due and proper performance and observance by the applicant of the terms and conditions governing such facility, including but not limited to Tiger Tek Pty Limited. I/We will jointly and severally indemnify Tiger Tek Pty Limited against losses, damages, costs and expenses which may be incurred by Tiger Tek Pty Limited.

I/We agree that this is a continuing Guarantee and that my/our liabilities hereunder shall not be realised by any neglect or forbearance by Tiger Tek Pty Limited in enforcing my/our obligations hereunder or the applicant's obligations as set out above or any other thing which under the law relating to sureties would, but for this provision, have the effect of so relating me/us.

Signature of Guarantor (Director): \_\_\_\_\_

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

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

Witness: \_\_\_\_\_

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

Signature of Guarantor (Director): \_\_\_\_\_

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

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

Witness: \_\_\_\_\_

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