



ProFleet Application for Credit

Thank you for choosing Tyrepower ProFleet. The information collected on this form will be treated as confidential and utilised for credit assessment and account setup purposes only. Once complete, please return this form to: fleet@tyrepower.com.au

Company Name:				
Trading Name:				
Company Type:	Corporation	Sole Trader	Partnership	
ACN:		ABN/Registration No:		
Business Address:				
Postal Address:				
Email for Invoice Delivery:				
Proprietors/Directors:				
Name (Mr./Mrs./Miss./Ms.)				
Address:				
Ph: [DOB:	Drivers' License:		
Name (Mr./Mrs./Miss./Ms.)				
Address:				
Ph: [DOB:	Drivers' License:		
Name (Mr./Mrs./Miss./Ms.)				
Address:				
Ph: [DOB:	Drivers' License:		
	_			
Accounts Payable:				
Name:		Phone:		
Email				
Please tick to confirm you acknowle Payment Terms upon credit approva	Please tick to confirm you acknowledge Tyrepower Ltd offer 30 Days from Month End Payment Terms upon credit approval.			

Signatories Initial:

Company Business Histor	ry:	
Date Business Commenced	d or Taken Over:	
Are your premises Owned or Leased?		OWNED/LEASED
Is this Company/Business of	owned by a Trading Trust?	YES/NO
If YES: Name:		
Address:		
Credit Details:		
Bank Name:		Branch:
Trade References:		
(1) Company Name:		
Address:		
Contact Name:		Phone No.
(2) Company Name:		
Address:		
Contact Name:		Phone No.
(3) Company Name:		
Address:		
Contact Name:		Phone No.
(Optional) Is your fleet mana	agement outsourced?	YES/NO
Fleet Company: Contact Name:	Phone No:	
Fleet contact within your bu	ısiness:	
Phone:	Email:	
Total number of vehicles cu	rrently in your fleet?	(Please show breakdown belo
Cars:	SUV/4WD:	Commercial:
Are any of these vehicles up	nder a novated lease agreement?	YES/NO

Signatories Initial:

Do you have any unique company processes or systems that Tyrepower need to be aware of? If yes, please provide your IT Manager/Controller or relevant persons' details:				
Name: Email:	Phone:			
PAYMENT DETAILS:				
Direct Deposit:				
National Australia Bank Acct Name: Tyrepower Limi BSB: 083 170 Acct No: 75 4				
FOR ALL PROFLEET ENQUIRIES: PLEASE CALL OUR NATIONAL FLEET DEPARTMENT HOTLINE: 1800 143 030				
	Statement by Applicant(s) for Credit.			
Please read carefully before signing	g. Where more than one applicant, each applicant is to sign.			
part of normal credit assessme Exchanging information with otl obtaining personal information	formation for a commercial credit application (Section 18k (1)(b) Privacy Act 1988). As ent procedures, I consent to Tyrepower obtaining a credit report about me. her Credit Providers (Section 18N (1)(b) Privacy Act 1988) I agree to Tyrepower about me from other credit providers, whose names I may have provided to ed in a credit report, for the purpose of assessing my application for commercial credit.			
	owledge and agree to comply with the terms of trade which are defined here under vise the company of any change of ownership or address immediately and further by to complete this form.			
Signed:	Signed			
Position:				
Date:	Date:			
where required, and pag	en to complete this form. Please check that Page 1 and 2 are initialled ge 3 is signed. Once complete, please return to fleet@tyrepower.com.au m the Tyrepower ProFleet department will contact you shortly			
ProFleet Office Use Only: QBE Check Complete Authorization Conditions Emergency Conditions Account Created				

Members Advised