

Sales Associate - \_\_\_\_\_ Referred by: \_\_\_\_\_

# CREDIT

## PLAY TIME TOYS

6235 Edgewater Drive

Orlando, Florida 32810

Tel: 407-296-9898 Fax: 407-295-5629

Please complete and sign this credit application in full to be considered for open account status. If the information supplied is incomplete or found to be incorrect, this may delay processing of the application and could affect prompt delivery of product.

Legal Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

( ) Sole Proprietor ( ) Partnership ( ) Corporation, Years \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Would you like your invoices emailed? \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Present Ownership Since: \_\_\_\_\_ Sales Tax Exempt #: \_\_\_\_\_

Type and Brand of Equipment: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

Owners, or if incorporated, the Officers of Business:

|   | Name | Title | Home Address (Street, City, State, Zip) | Home Phone | Soc. Sec # |
|---|------|-------|---|------------|------------|
| 1 |      |       |   |            |            |
| 2 |      |       |   |            |            |
| 3 |      |       |   |            |            |

Credit Reference Information: **To SPEED Up the processing of this application, please be sure to include the FAX number for all references. Please include Merchandise Suppliers.**

|   | Company Name | Address (Street, City, State, Zip) | Phone No | Fax No. | Contact |
|---|--------------|------------------------------------|----------|---------|---------|
| 1 |              |                                    |          |         |         |
| 2 |              |                                    |          |         |         |
| 3 |              |                                    |          |         |         |

**Bank Reference:**

Name of Bank: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Account No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Anticipated Frequency & Dollar Volume of Orders:

\$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Seasonal/Holiday

We require a minimum of 30 days for credit approval of new accounts. Are you willing to accept COD shipment to expedite your opening order: YES \_\_\_\_\_ NO \_\_\_\_\_.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Play Time Toys, Inc., to investigate the references listed pertaining to my/our credit and financial responsibility.

In case suit or action is instituted to collect any portion of an account owed by any parties to this agreement, I/We promise to pay such additional sums as the court may adjudge reasonable, including attorney's fees. Applicant agrees to the jurisdiction of the courts of Orange County, Florida for the adjudication of any dispute concerning the agreement and for the collection of all amounts owed by the undersigned, and agrees that the venue of any such action shall be in Orange County, Florida.

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

★ Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

We the undersigned, do hereby jointly severally and personally guarantee the prompt payment of any and all indebtedness of the applicant to the seller according to the terms thereof.

★ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

|                                    |
|------------------------------------|
| For Authorized Use Only            |
| References: _____ Initials: _____  |
| Approved: Y or N      Terms: _____ |
| Credit Limit _____                 |
| Date: _____ Authorized Sign: _____ |