



# APPLICATION FOR CREDIT

SPN: (OFFICE USE)

PO BOX 9278  
350 COMMERCE DRIVE  
FALL RIVER, MA 02720  
FAX: 774.365.4491  
TEL: 877.777.4661  
credit@thetoynetwork.com

LEGAL NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ FAX: \_\_\_\_\_

TAX ID# (EIN) OR SOCIAL SEC #: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

CHECK ONE:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION\*  LLC\*

\*IF INCORPORATED, IN WHICH STATE INCORPORATED \_\_\_\_\_ NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ A/P EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## BANK & CREDIT REFERENCES

**BANK:** \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX#: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX#: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX#: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FAX#: \_\_\_\_\_

I/We authorize the listed credit references to release information to The Toy Network or its subsidiaries regarding my/our credit/financial status. I/We do hereby agree to comply with the credit terms set forth by The Toy Network Company.

The applicant hereby agrees to pay all invoices in accordance with the terms stated on such invoices and, further, to pay finance charges of 1 1/2% per month (annual percentage rate of 18%), on the outstanding balance of any invoice not paid. In the event of default, debtor agrees to pay in addition to the outstanding indebtedness, all costs of collection fees, including a reasonable attorney's fee of 33 1/3% of the outstanding balance or such amount as the court deems appropriate.

By signing the Credit Application, the signer agrees to the terms and conditions set forth.

NOTE: FREIGHT TERMS ARE FOB FALL RIVER, MA (unless otherwise noted on order shipped, freight is invoiced to customer)

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
POSITION