



APPLICATION FOR CREDIT

SPN: (OFFICE USE)

PO BOX 9278
350 COMMERCE DRIVE
FALL RIVER, MA 02720
FAX: 774.365.4491
TEL: 877.777.4661
Jgarcia@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#: _____

COMPANY NAME: _____ ACCT#: _____

ADDRESS: _____ CITY: _____

CONTACT: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ FAX#: _____

COMPANY NAME: _____ ACCT#: _____

ADDRESS: _____ CITY: _____

CONTACT: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ FAX#: _____

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