



A PLAYCORE Company

BUSINESS CONTACT INFORMATION

Form with fields for Company name, Date business commenced, Phone, Company address, City, State, Zip Code, Mailing address if different, Business Registered in State of, Owner/President name, Owner since (year), Accounts Payable Contact, Name, Phone, E-mail address, and Will you accept original invoices by email? with Yes/No checkboxes.

Sales and Use Tax Exemption Certificate Number: _____

Please note: We are required to charge tax on your purchase according to applicable state law if a tax exemption certificate number is not supplied on this application along with a copy of the certificate.

AGREEMENT

The business entity and applicant herein collectively referred to as "customer" is submitting this Credit Application to PlayCore Wisconsin Inc., and its affiliate companies herein collectively referred to as "PlayCore", as an inducement to PlayCore to manufacture goods and/or provide services for the use and the benefit of the business entity or customer listed herein.

- 1. The customer payment is not received by PlayCore within the agreed upon payment terms.
2. The customer enters a state of bankruptcy.
3. The customer is defined as insolvent by PlayCore.
4. The customer has misrepresented to PlayCore the provisions of this application, agreement or other agreements.

A late charge will be assessed on the unpaid amount of any invoice in arrears at the maximum rate permitted by the state in which the customer resides. In addition, the customer agrees to reimburse costs incurred by PlayCore to collect invoices or balances determined to be in payment default.

SIGNATURES

Agreed to herein and hereafter by:

Signature: _____

Print Name: _____

Title: _____

Date: _____

BANK/TRADE REFERENCES

Bank name		Contact Name	
Primary business address		Contact Phone Number	
City, State Zip Code			
Phone			
Account number			
Type of account		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

Please accept this as my/our authorization to release any and all information to PlayCore Wisconsin, Inc. or any of its affiliate companies regarding our history and relationship with your bank or company.

Signature: _____

Print Name: _____

Title: _____

Date: _____