

Rubbing Hands™

Games, fun, and more fun.

PO Box 929
Georgetown, CT 06829
ph: (203) 341-0401 fax: (203) 428-4234

Credit Application

Legal name of applicant: _____
Trade name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Nature of Business: _____
How long has company been in business: _____
Sole proprietorship: _____ Partnership: _____ Corporation: _____
Credit Limit Required: _____
Dunn and Bradstreet Number: _____

Names of Owners, Partners, or Officers of the Company:

Name and position: _____
Name and position: _____
Accounts payable contact: _____
Bank name: _____ Contact: _____
Bank address: _____ Account number: _____
Phone: _____ Fax: _____

Trade References:

1. Reference: _____ Phone: _____
Contact: _____ Fax: _____
2. Reference: _____ Phone: _____
Contact: _____ Fax: _____
3. Reference: _____ Phone: _____
Contact: _____ Fax: _____

Our Terms of Sale:

I/We certify that all information disclosed is correct, and agree that all accounts to Rubbing Hands are due and payable within invoice terms.

I/We hereby make this application for the purpose of securing credit from Rubbing Hands. By my/our signature below I authorize Rubbing Hands to obtain and/or exchange personal and commercial credit information with any and all credit information agencies/industry association credit committees in order to establish or verify my financial status.

Rubbing Hands reserves the right to charge interest on all overdue accounts.

Signature: _____ Title: _____ Date: _____