



Hape International, Inc.  
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# CREDIT APPLICATION

COMPANY INFORMATION ** Must be completely filled out to be processed		
Federal Tax ID/Canadian ENT #	DUNS#	Year Business Opened:
Company Name:		DBA:
Billing Address:		
City:	State:	Zip Code:
Business/Ship To Address:		
City:	State:	Zip Code:
Phone:	Fax:	Website:
Owners (First and Last) Name		
Phone:	Fax:	E-mail:
Company Type:	Proprietorship:	Partnership: Corporation: Franchise: Other:
INVOICING INFORMATION		
Accounts Payable Contact (First and Last Names):		
Phone:	Fax:	E-mail:
If you would like your invoices and statements sent to a different email address, please add below.		
Email:		
TRADE REFERENCES (Three references with whom you currently have terms) **Please fill out complete reference information		
Company Name:	Account Number:	Current Terms:
Address:		
City:	State:	Zip Code:
FAX:	Email:	
Contact:	E-mail:	
Company Name:	Account Number:	Current Terms:
Address:		
City:	State:	Zip Code:
FAX:	Email:	
Contact:	E-mail:	
Company Name:	Account Number:	Current Terms:
Address:		
City:	State:	Zip Code:
FAX:	Email:	
Contact:	E-mail:	
AGREEMENT		
<p>We herein make application to Hape International Inc. for credit and/or to update and reconfirm our existing accounts and balances with Hape International Inc. If credit is granted, we promise to pay all bills under terms agreed upon: In the event payment is not made and an account has to be referred for collection, we agree to pay all costs of collections, including reasonable attorney's fees. It is also understood that interest on any overdue unpaid balance will be charged at a rate of 2% per month. We certify that the above statements are true and correct. We authorize Hape International Inc. to make whatever inquiries it considers necessary for the purpose of evaluating this application. Further, we authorize any party to release such information as may be requested.</p>		
Signature:	Date:	
Name (Please Print):	Title:	