

Rainbow Play Systems of Georgia Carolina

209 Bobby Jones Expressway, Martinez, GA 30907

CONFIDENTIAL DEALER APPLICATION

Return Completed Form to the attention of Mike Udhwani, Vice President

Fax 1866-672-0475 Phone (800)-259-7880

BUSINESS AND CREDIT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Company address:

City:

State:

ZIP Code:

Date business commenced:

DUNS No.

Federal Tax ID No.

Sole proprietorship:

Partnership:

Corporation:

Other:

OWNER AND OFFICER INFORMATION

Name & Title:

Residence Address & Phone:

Name & Title:

Residence Address & Phone:

Name & Title:

Residence Address & Phone:

BANK INFORMATION

Bank name:

Contact:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

This information is submitted to allow Rainbow to determine the credit profile of the undersigned account. I represent and warrant that the information contained herein or submitted herewith is true and complete as of this date. I authorize Rainbow to contact the references, including the banks, listed above and I authorize the references to release the requested information. I hereby agree to remit payment to Rainbow within the terms specified on the face of each invoice. If the account is placed for collection I agree to pay all the costs and expenses of collection, including attorneys' fees and expenses incurred by Rainbow. This agreement may not be amended or revised except by a writing signed by an officer of Rainbow and the dealer.

SIGNATURES

Title:

Date:

Title:

Date:

If you have multiple locations, please attach a separate sheet indicating each name, address, telephone number and any information that differs from what is included in this form.