

	PUZZLES	S			
Credit application-Acc	count opening	Date:			
Company Name :					
Shipping address: City: State: Telephone number:			Zip code: Fax number:		
Owner:		E-mail :			
Billing address : City : Contact for accounts paya Telephone number:	State : bles:	Zip code: E-mail :			
Number of years in busine Nature of the business (retet.):		Web site:			
If you possess your own list of su	uppliers, you do not have to complete		on. You may fax it to ι	us along with this credit application.	
References					
Supplier	Contact name	Telephone	Fax	E-mail	
			_		
Bank	Address	Telephone	Fax	Account number	
Bank representative: E-mail:					
Credit limit requested: Tax ID:					
contacted by Wrebbit Puzzles In		ient to supply the requ	uested information. Th	ation for the present application. All persons ne customer agrees to pay the full amount of l or agreed upon.	
<b>Minimum order of 250.00\$</b> which subsequent orders.	ch must be prepaid by credit card fo	or the first order. Follo	wing credit approval,	our terms are 2%-10 days/NET 30 days for	
Prices are in US dollars and are subject to change without notice.					
Shipping: FOB Champlain (NY)					
All sales are final. Only defective authorization number for the clair		u must contact us with	nin 10 days of reception	on of the merchandise so we may assign an	
The authorized signatory recognized customer.	gnizes having read the present do	ocument and agrees	to the terms and cor	nditions for and in the name of the	
Authorized Signatory: Printed Name:					
Title:		E-mail	ı <u>.</u>		

Please send this form once completed to <u>Linda Gallagher</u> by:

Fax (514) 354-3717 or email: <u>Igallagher@wrebbit3d.com</u> or <u>sales@wrebbit3d.com</u>

Inquiries may be directed to our customer service department at 514-787-8842 or 1-855-787-8842

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