



P.O. Box 2389
 Omaha, NE 68103-2389
 TOLL FREE (800) 228.0122

**PLEASE COMPLETE
 AND FAX TO:
 800.228.1002**

APPLICATION FOR CREDIT

LEGAL NAME OF COMPANY _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____ FAX NUMBER _____

D & B # _____ TAX EXEMPT # (IF APPLICABLE) _____

CHECK ONE: PROPRIETORSHIP PARTNERSHIP PO REQUIRED: YES NO NO. YRS IN BUSINESS _____

CORPORATION IF INCORPORATED: IN WHICH STATE INCORPORATED _____

CHAIN--CHAIN AFFILIATION _____ NUMBER OF STORES _____

PLEASE ATTACH LIST OF ALL STORE LOCATIONS

PRINCIPAL PARTNER OWNER'S NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

PRINCIPAL PARTNER OWNER'S NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

EXPECTED MONTHLY DOLLAR VOLUME _____ EXPECTED FREQUENCY OF ORDERS _____

ACCOUNTS PAYABLE CONTACT _____ PHONE NUMBER _____

CREDIT REFERENCES (PLEASE LIST ADDITIONAL BANKS OR VENDORS ON SEPARATE SHEET)

BANK	COMPANY NAME
ACCOUNT OFFICER	ACCOUNT NO.
ACCOUNT NO.	ACCOUNT NO.
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE NUMBER	PHONE NUMBER
COMPANY NAME	COMPANY NAME
ACCOUNT NO.	ACCOUNT NO.
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE NUMBER	PHONE NUMBER

I/We authorize the Listed credit references to release information to FUN EXPRESS or its subsidiaries regarding my/our credit/financial status.

I/We do hereby agree to comply with credit terms set forth by FUN EXPRESS.

I/We acknowledge that service charges equal to the Lesser of 1 1/2% per month or the maximum legal rate can be charged 1 (one) day from the date the invoice becomes due and payable, and loss of "open account" status is automatic after an invoice is unpaid 45 days from the date the invoice becomes due and payable.

I/We agree to pay costs of collecting past due amounts including, but not limited to, actual attorney fees, collection fees and court costs.

By signing the Credit Application the signer agrees to the terms and conditions set forth.

SIGNATURE _____ DATE _____

_____ CORPORATE OFFICER _____ GENERAL PARTNER _____ OWNER