

Appendix H

Request for Customer Information



Arrow Games Corporation

REQUEST FOR CUSTOMER INFORMATION

Company Name: _____

Contact Name for Ordering: _____

Contact Name for Accounts Payable: _____

Phone # _____

Fax # _____

Email: _____

Bill to Address: _____

Postal Code: _____

Ship to Address: _____

Postal Code: _____

Credit Amount Requested \$ _____

REQUEST FOR CREDIT INFORMATION
ARROW GAMES INC CREDIT TERMS ARE NET 30 DAYS

Bank Name: _____

Bank Contact: _____

Phone # _____ Fax # _____

Account # _____

Trade Reference #1: _____

Phone # _____ Fax # _____

Account # _____

Trade Reference #2: _____

Phone # _____

Account # _____

Please attach a Tax Exemption Certificate if applicable

I verify the accuracy of the above information. I agree to pay Arrow Games Corporation for product purchased within their Net 30 days credit terms. Arrow Games reserves the right to verify the above information at its sole cost and discretion.

OFFICER SIGNATURE: _____

NAME: _____ DATE: _____

TITLE: _____