



Crown Roll Leaf, Inc.

91 Illinois Avenue, Paterson, New Jersey 07503

Phone (973) 742-4000 Fax (973) 742-9881

CREDIT APPLICATION

TERMS 2% 10 Net 30 ***

Date: _____

Individual or Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please check one of the following:

Corporation Proprietorship* Partnership* *Soc. Security # _____ - _____ - _____

Application for credit is hereby made and the following references given. It is understood that this information will be held in the strictest confidence and used only by your Credit Department.

PLEASE GIVE THE FULL NAME AND ADDRESS FOR EACH REFERENCE

Co. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail _____

Fax: (____) _____

Co. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail _____

Fax: (____) _____

Co. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail _____

Fax: (____) _____

*** I understand that if my account is placed into collection, I agree to pay all reasonable attorney's fees and collection costs. ***

Signed: _____ Title: _____

Print Name: _____ Date: _____



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BANK REFERENCES

*** PLEASE TYPE OR PRINT NEATLY ***

Name of Account: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Account Number: _____

Name of Bank: _____
Address: _____
City: _____ State: _____ Zip: _____

Name of Bank: _____
Address: _____
City: _____ State: _____ Zip: _____

Name of Bank: _____
Address: _____
City: _____ State: _____ Zip: _____

*****AUTHORIZATION TO RELEASE BANK INFORMATION*****

Date: _____ Signed: _____
Title: _____

*****TO BE COMPLETED BY BANK ONLY*****

Please furnish the following information. All replies are held in the strictest confidence.

Doing business since: _____ Average Bank Balance: _____
Loan Experience: _____
Secured: _____ Unsecured: _____ Satisfactory History: Yes _____ No _____
Comments: _____

Date: _____ Signed: _____
Title: _____