

Credit Application

Cicait Application				
LEGAL COMPANY NAME				PHONE
DBA OR TRADE NAME				
STREET ADDRESS				FAX
CITY			STATE	ZIP CODE
BILLING ADDRESS				
				ZIP CODE
EMAIL				CREDIT LINE SOUGHT?
COMPANY IS A (PLEASE CIRCLE)	CORPORATION		PROPRIETORSHIP	
TAX ID#		STATE CORP#		ANNUAL SALES
ARE FINANCIAL STATEMENTS AVAIL	LABLE? (PLEASE CIRCL	.E) YES	NO	YEARS IN ROASTING BUSINESS
Company Directors/Officers	/Principals			
NAME #1	-			TITLE
HOME ADDRESS				PHONE
CITY			STATE	ZIP CODE
NAME #2				TITLE
HOME ADDRESS				PHONE
CITY			STATE	ZIP CODE
NAME #3				TITLE
HOME ADDRESS				PHONE
CITY			STATE	ZIP CODE
Banking Details				
				ACCOUNT#
				ZIP CODE
			FAX/EMAIL	
CONTROL WAVE				, vy E147 (E
Trade References				
GREEN COFFEE VENDOR (NOT ROYAL NY)				CONTACT
PAYMENT ADDRESS				
CITY			STATE	ZIP CODE
PHONE	FAX#			.ACCOUNT#
				CONTACT
CITY			STATE	ZIP CODE
				.ACCOUNT#
				CONTACT
				710 0005
				ZIP CODE
PHONE	FAX#			ACCOUNT#



Conditions

TERMS OF SALE. INCLUDING TERMS OF PAYMENT AND CHARGES FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE APPLICANT HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE APPLICANT HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. THIS INFORMATION HAS BEEN FURNISHED WITH THE UNDERSTANDING THAT IT IS TO BE USED TO DETERMINE THE AMOUNT AND CONDITIONS OF THE CREDIT TO BE EXTENDED. FURTHERMORE, THE APPLICANT HERBY AUTHORIZES THE FINANCIAL INSTITUTION AND VENDORS LISTED IN THIS CREDIT APPLICATION TO RELEASE NECESSARY INFORMATION TO CREDITOR, ROYAL TEA NEW YORK, INC., IN ORDER TO VERIFY THE INFORMATION CONTAINED HEREIN. SHOULD CREDIT AVAILABILITY BE GRANTED BY CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENTION OR CONTINUATION SHALL BE AT THE SOLE DISCRETION OF CREDITOR. CREDITOR MAY TERMINATE ANY CREDIT AVAILABILITY WITH ITS SOLE DISCRETION. A FINANCE CHARGE OF 1 ½ % PER MONTH (18% ANNUAL RATE) WILL BE ADDED TO PAST DUE ACCOUNTS. APPLICANT AGREES THAT TITLE TO MERCHANDISE SHALL REMAIN IN CREDITOR'S NAME UNTIL FULLY PAID AND TO PAY ALL COSTS. A \$25.00 CHARGE WILL BE ASSESSED FOR RETURNED CHECKS. ANY DISPUTE OR CONTROVERSY ARISING FROM THIS AGREEMENT WILL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY AND WILL BE RESOLVED BY ARBITRATION BY THE AMERICAN ARBITRATION ASSOCIATION, SOMERSET, NJ 08873. THE LANGUAGE OF THE ARBITRATION SHALL BE ENGLISH. THE NUMBER OF ARBITRATORS SHALL BE ONE. THE PARTIES AGREE THAT THE AMERICAN ARBITRATION ASSOCIATION'S EXPEDITED RULES SHALL APPLY AND THEY WAIVE ALL RIGHT TO ANY HEARING REQUIRING WITNESS PRODUCTION. THE ARBITRATOR SHALL ISSUE AN AWARD BASED UPON THE WRITTEN DOCUMENTARY EVIDENCE SUPPLIED BY THE PARTIES. THE ARBITRATOR'S AWARD SHALL BE BINDING AND FINAL. THE LOSING PARTY SHALL PAY ALL ARBITRATION EXPENSES, INCLUDING ALL ATTORNEY'S FEES.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM. APPLICANT'S NAME......TITLE......TITLE DATE......APPLICANT'S SIGNATURE..... **Personal Guarantee** THE UNDERSIGNED, FOR CONSIDERATION DOES HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT, AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE MAY ONLY BE REVOKED BY WRITTEN NOTICE WHICH SHALL BE SENT TO THE CREDITOR'S OFFICE BY CERTIFIED MAIL. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTOR(S) TO PROVIDE PAYMENT FOR INDEBTEDNESS INCURRED PRIOR TO THE REVOCATION. GUARANTOR(S) AUTHORIZES THE CREDITOR AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT THEIR REFERENCES AS NECESSARY. GUARANTOR(S) IS ALSO BOUND BY THE ABOVE ARBITRATION CLAUSE. GUARANTOR'S NAME......SIGNATURE.....SIGNATURE..... HOME ADDRESS..... CITY......STATE......ZIP CODE...... DATE......TAX ID# OR SSN..... GUARANTOR'S NAME......SIGNATURE.....SIGNATURE.... CITY......STATE......ZIP CODE..... DATE......TAX ID# OR SSN.....