

**R & R Marketing LLC  
Customer Registration & Credit Application  
FAX 973.403.8679**

Date:

R & R Account Number:

License Number:

License Type:

**New Customer Information**

License Name:

T/A:

Phone:

Fax:

E-mail:

Street address:

City:

State:

ZIP:

Phone: (    )

Fax: (    )

Email:

General Manager:

NJ Tax Registration No:

Sole proprietorship:

Partnership:

Corporation:

Other:

**Ownership Information**

Owner/President name:

Social Security #:

Home Address:

City:

State:

ZIP:

Phone: (    )

Fax: (    )

E-Mail:

**Bank and Registered Agent Information**

Bank name:

Bank address:

City:

State:

ZIP:

Bank Phone: (    )

Account Number:

Registered Agent:

**Former Customer (If applicable)**

License Name:

T/A:

Transfer Date:

**SMC Assignment (Credit Department Only)**

SMC Name:

Classification:

SMC Number:

Division:

**Comments**

**Applicants Release of Confidential Information**

In an express condition of the above-named applicant's request for an extension of credit, said applicant hereby authorizes the release to R&R Marketing LLC of all data and information pertaining to applicant's financial condition and credit status, as compiled by any financial, credit, or consumer organization including but not limited to TRW Credit Systems, Inc. If the applicant listed herein is a corporation, this authorization shall extend to permit the release of information pertaining to the personal financial condition of credit status of all persons signing this application on behalf of such a corporation, and the signature of such persons appearing on this application shall be as an acknowledgment of this release of personal financial data.

**Signatures**

Applicant's Signature:

Credit Notes:

Date: