



## CRYSTALWARE

600 James Street, Lakewood NJ 08701

Tel: 732-367-4444 • Fax: 718-301-9779

CRYSTALWARE IS A CW INTERNATIONAL COMPANY

Dear Valued Customer,

Thank you for giving us the opportunity to serve you. It's our privilege to do business with you and a pleasure to continue serving you. We wanted to inform you that we have updated our terms and policies. Please review below and return this letter with your signature at your earliest convenience.

BELOW IS A BRIEF LISTING OF OUR CREDIT POLICIES AND ORDER PROCEDURES.

**1: Invoices will be e-mailed after shipment.**

**2: All payments should be mailed to:**

**CrystalWare  
600 James Street  
Lakewood, NJ 08701**

**3: All Customers that participate in our pallet exchange program will not be responsible for a \$3 per pallet charge**

**4: The CrystalWare Customer Service department must be notified of any claims for disposition upon receipt. Failure to present any such claim will be considered waiver of the claim.**

**5. Crystalware does not pay or reimburse for lumper services.**

**6. For all deliveries: There is no charge for the first hour of waiting time from the time of the delivery appointment. A \$15 charge will be billed for every 15 minutes of additional waiting time.**

Please sign below to Acknowledge the terms and conditons, and return by  
**Email or ( [orders@ligimports.com](mailto:orders@ligimports.com)) • Fax (718.301.9779)**  
**to Activate your Credit Line**

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Company Name



**APPLICATION FOR CREDIT & NOTIFICATION TO BANK & BUSINESS REFERENCES**

**WE HEREBY AUTHORIZE RELEASE OF CREDIT INFORMATION TO CW INTERNATIONAL LLC. WE FURTHER UNDERSTAND THAT FAILURE TO PROMPTLY SUBMIT THIS COMPLETED FORM WILL DELAY THE PROCESSING OF YOUR APPLICATION.**

**AN AUTHORIZED SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION.**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ FEDERAL I.D. NO. (FEIN) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ DESIRED CREDIT LINE \_\_\_\_\_  
NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ Have you, or a business controlled by you, ever declared bankruptcy? \_\_\_\_ Yes \_\_\_\_ No  
AUTHORIZED COMPANY REPRESENTATIVE (Officer of the Company) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE SEND COMPLETED FORM TO:  
*CW International LLC.*  
*Attn: Sales@ligimports.com*  
*600 James Street*  
*Lakewood, NJ 08701*  
*Tel: (732) 367-4444 • Fax: (718) 301-9779*

**COMMERCIAL BUSINESS REFERENCES:**

(1) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
(2) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
(3) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**BANK:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP CODE \_\_\_\_\_  
ACCOUNT NO. \_\_\_\_\_ BANK OFFICER \_\_\_\_\_