



**LEODORO**  
ESPRESSO COMPANY

Importers of La San Marco Espresso Machines  
Parts & Service Headquarters  
Panini Grills - Espresso Carts - Kiosks - Buildouts - Training  
693 Henderson St, Jersey City, NJ 07302  
Tel: (201)653-7310 Toll Free: (888)442-6333 Fax: (201)653-7211

## Credit Application

### Company Information

Corporation Name \_\_\_\_\_ Account # \_\_\_\_\_  
Store Name (DBA) \_\_\_\_\_ A/P Contact \_\_\_\_\_  
Address Line \_\_\_\_\_ A/P Tel # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade Reference(s)

Corporation Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Tel # \_\_\_\_\_

Corporation Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Tel # \_\_\_\_\_

Corporation Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Tel # \_\_\_\_\_

### Bank Reference(s)

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Account # \_\_\_\_\_  
Type of Account \_\_\_\_\_

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Account # \_\_\_\_\_  
Type of Account \_\_\_\_\_

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Account # \_\_\_\_\_  
Type of Account \_\_\_\_\_

### Notes:

All information on this form is correct and accurate and is submitted to induce Leodoro Espresso Co. Inc. to extend credit. For value received and in order to induce Leodoro Espresso Co. Inc. to extend credit to the above named account, I (we) hereby guaranty prompt payment when due of any and all debts due Leodoro Espresso Co. Inc. arising out of sales or advances by Leodoro Espresso Co. Inc. to the above named account. In the event of a lawsuit against the above named account and/or the undersigned for balances due Leodoro Espresso Co. Inc., I (we) hereby agree to pay reasonable attorney fees and court costs.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_