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COMMERCIAL CREDIT APPLICATION

OVERNIGHT
MOUNTINGS · FINISHED JEWELRY · FINDINGS

21-21 44th Drive
Long Island City, NY 11101
T: 718.472.1212 • F: 718.784.2200
Toll Free: 1.888.731.1111

FOR OFFICE USE ONLY

SSM# _____ ACCT# _____
TERR. _____ D&B _____
CLASS _____ DATE _____
TYPE _____ ENT _____
LIMIT _____

Please complete and sign this credit application to be considered for open account status. If the information supplied is incomplete or found to be incorrect, this may delay processing of the application and could affect prompt delivery of products or services.

I (WE) SUBMIT THE FOLLOWING INFORMATION IN APPLYING FOR AN OPEN ACCOUNT:

Business Name: _____ Business Location: ❑Mall ❑Street ❑Office Bldg. ❑Home ❑Other _____

Address: _____ Shipping Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Tel.( ) _____ Fax:( ) _____ Tel.( ) _____ Fax:( ) _____

Business Type: ❑Manufacturer ❑Wholesaler ❑Retailer ❑Retail/Mfg. ❑Other _____ Accounts Payable Contact _____

COMPLETE APPLICABLE SECTION: ❑ Individual ❑Partnership ❑Corporation ❑Subsidiary of _____

Do you operate under any other names? (If yes, state company name and address):

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Owner's, Officer's, Director's, or Partner's Names:

1. _____ Address: _____ City: _____ State: _____ Zip: _____

2. _____ Address: _____ City: _____ State: _____ Zip: _____

Year Incorporated: _____ State: _____ Years in Business; _____

Owner's Social Security Number: 1. _____ 2. _____

Note: If corporation is less than three (3) years old, individual personal guarantee form must be completed by an officer of the applying company. (See reverse side of application)

Bank Name: _____ Checking Account No.: _____

Address: _____ Savings Account No.: _____

City: _____ State: _____ Zip: _____ Phone Number: ( ) _____

Bank Officers (Contacts) _____

TRADE REFERENCES (Include karat gold jewelry suppliers):

Trade (1) _____ Acct. #: _____ Fax #: ( ) _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: ( ) _____

Trade (2) _____ Acct. #: _____ Fax #: ( ) _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: ( ) _____

Trade (3) _____ Acct. #: _____ Fax #: ( ) _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: ( ) _____

Trade (4) _____ Acct. #: _____ Fax #: ( ) _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: ( ) _____

CREDIT CARD INFORMATION:

❑ VISA ❑MASTERCARD ❑DISCOVER ❑Corporate ❑Personal Acct.# _____ Exp. Date _____

If representations made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Seller's term as **NET 30 DAYS** and acknowledges and authorizes a service charge of 1.5% per month (18% annual) on any past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payments when due, (b) in the event of default, customer agrees to pay attorney and/r collection agency fees not exceeding 40%, (c) to change the terms of the account from time to time (consistent with applicable law) to be effective not less than 30 days after given notice, (d) to limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof; but it may avail itself of the terms of this agreement until full payment of the entire balance with Finance Charge to date has been received. (3) In submitting this application for credit, I authorize you to investigate my credit record.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO THE ABOVE SHOWN.

_____ _____

SIGNATURE OF OWNER/PARTNER OR OFFICER DATE AUTHORIZED SIGNATURE OTHER THAN ABOVE DATE