

***** CHECKWRITING AUTHORISATION *****

Indian Jewelers Supply Co - P.O. Box 1774, Gallup, NM 87305-1774 Phone: 1-800-545-6540 or 1-505-722-4451

To The Customer:

In order to accept checks, we require this form to be completed. Please complete Section I, sign the authorization, and return it to Indian Jewelers Supply, Accounting Department at the address listed above. Only applications which have all information provided will be considered.

Upon approval, you will be allowed to use checks on the approved bank to receive COD and Hold for Check Orders. If a check is returned by the bank for any reason, You will be charged a \$25.00 service charge, and the check will be redeposited. If the check is returned a 2nd time, service will be suspended until all balances are cleared. If checks are returned repeatedly, your check writing privilege will be revoked.

Name _____ IJS Customer Number _____

Address _____

City _____ State _____ Zip _____

Telephone: DAY _____ EVENING _____

Bank Name _____ Account Number _____

Address: _____

City _____ State _____ Zip _____

Bank Phone Number: _____

Bank Officer _____

***** Authorization to release information *****

To My Bank:

I Authorize you to release the following information to Indian Jewelers Supply Company.

Signed _____ Date _____

***** Bank Use Only *****

Please supply the following information and return to:
Attn. Accounting Department, I.J.S. , P.O. Box 1774, Gallup, NM 87305-1774
FAX: 1-888-722-4172 or 1-505-722-4172

Date the account was established _____

Average Number of items cleared monthly _____

Number of items returned in the last 24 months _____

Signed _____ Date _____

Title _____