

AMOUNT OF CREDIT DESIRED \$ \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS OR INDIVIDUAL: \_\_\_\_\_

STATE SALES TAX #: \_\_\_\_\_ ACCTS PAYABLE manager: \_\_\_\_\_

AT PRESENT LOCATION SINCE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

FROM THE 4 SELECTIONS BELOW, CHOOSE YOUR TYPE OF BUSINESS.

IF APPLYING AS AN INDIVIDUAL, CHOOSE INDIVIDUAL.

•CORPORATION\*\*\*\*\*

President: \_\_\_\_\_

Vice-president: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_

•PROPRIETORSHIP\*\*\*\*\*

Name of proprietor: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

•INDIVIDUAL\*\*\*\*\*

Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

•PARTNERSHIP\*\*\*\*\*

Name of partner \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of partner \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of partner \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*\*\* CREDIT REFERENCES \*\*\*\*\*

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ST. ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK INFORMATION

BANK: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ST. ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

By signing, I authorize banks and references above to release credit information to Indian Jewelers Supply Co., Inc.

Signature of applicant: \_\_\_\_\_, Date: \_\_\_\_\_

Above name printed or typed: \_\_\_\_\_ Title: \_\_\_\_\_

This agreement for open account is made by and between Indian Jewelers Supply Co. and \_\_\_\_\_ (Name of Business) through its duly authorized representative \_\_\_\_\_ as \_\_\_\_\_ (Name) (Title)

individually hereinafter referred to as Applicant(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

- 1. Applicant(s) agree that full advisement and disclosure has been made of the open account policies of Indian Jewelers Supply Co. dated 1 January 2000 (OVERLEAF) with which applicant(s) will comply.
2. Applicant(s) further agree that in the event that the account with Indian Jewelers Supply Co. becomes delinquent, Applicant(s) hereby bind themselves to pay a Delinquent Account Service Charge at the rate then in effect for delinquent accounts as set by Indian Jewelers Supply Co.
3. Applicant(s) further agree that in the event the account with Indian Jewelers Supply becomes delinquent they as guarantor(s), shall be liable for the unpaid invoice amounts, delinquent account service charges, all costs of collection including but not limited to Court costs and attorney's fees.

Name of business \_\_\_\_\_

Business Address \_\_\_\_\_

X \_\_\_\_\_ Signature of authorized representative and personal guarantor

Home address: \_\_\_\_\_

ACKNOWLEDGEMENT FOR AN INDIVIDUAL .....

State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing instrument was subscribed, sworn to and acknowledged before me by:

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ My commission expires:

\_\_\_\_\_(SEAL) \_\_\_\_\_ Notary Public

ACKNOWLEDGEMENT FOR CORPORATIONS.....

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_ (Name of officer), \_\_\_\_\_ (Title of officer), of \_\_\_\_\_ (Name of corporation acknowledging),

a \_\_\_\_\_ (State or county of incorporation) corporation, on behalf of the corporation.....

My commission expires:

\_\_\_\_\_(SEAL) \_\_\_\_\_ Notary Public