## COMMERCIAL CREDIT APPLICATION



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	FOR OFFICE USE ONLY
SMM#	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 FOI	LLOWING INFORMATION	I IN APPLYING FOR	AN OPEN A	ACCOUNT:		
Business Name:		Business Location: 🗖	Mall □Stree	et 🗆 Office Bldg. 🗆	Home □Oth	er
Address:		Shipping Address:				
	State:					
Tel.( )	Fax:( )	Tel.(	)	Fax:(	)	
Business Type:   Manufac	cturer □Wholesaler □Reta	ler □Retail/Mfg. □O	ther	Accounts Payable	Contact	
COMPLETE APPLICAB	BLE SECTION:□ Individual	□Partnership □	Corporation	□Subsidiary of		
Do you operate under any	other names? (If yes, state	e company name and	address):			
Name:	Address:		Cit <u>y:</u>	State	e: Zip: _	
Owner's, Officer's, Direct	or's, or Partner's Names:					
1	Address:		City:	State	e: Zip:	
2	Address:		City:	State	e: Zip: _	
3	Address:		City:	State	e: Zip: _	
Year Incorporated:	State:		ears in Busi	ness;		
Email Address:		Web	site:			
	slude karat gold jewelry sup			Fax #· (	)	
	City:					
			•			
	City:					
	City:				)	
					)	
	City:				)	
CREDIT CARD INFORMA	TION:					
UVISA UMASTERCAR	RD DISCOVER Corp	orate Personal A	Acct.#	1	Exp. Date	
recognizes Seller's term as <b>NET 30 DAYS</b> a payable if default occurs in making any paym (consistent with applicable law) to be effecti	credit application are subsequently found incor and acknowledges and authorizes a service ch nents when due, (b) in the event of default, cus ive not less than 30 days after given notice, (c Il payment of the entire balance with Finance (	arge of 1.5% per month (18% annua tomer agrees to pay attomey and/r o D to limit the amount of credit extend	I) on any past due am collection agency fees led under this accoun	nounts. (2) Seller shall have the not exceeding 40%, (c) to char t or terminate the account, upon	right to (a) declare the e age the terms of the acco n giving written notice th	entire amount due and ount from time to time ereof; but it may avail
I CERTIFY THAT THE ABOVE	INFORMATION IS CORRECT	AND AGREE TO THE AB	OVE SHOWN.			
<u>*</u>						
SIGNATURE OF OWNER/PA	ARTNER OR OFFICER	DATE AUTH	HORIZED SIGN	NATURE OTHER THA	AN ABOVE	DATE

## RESALE CERTIFICATE

If purchases are for resale and you do not wish to be charged tax, please insert your sales tax permit number with your signature and address on this resale certificate. All accounts will be charged tax unless Resale certificate is complete and correct. If your state requires a specific form or document, please attach same with proper signature.

Firm Name:			
I HEREBY CERTIFY, that I hold vali	id seller's permit number		
issued pursuant to the Sales and L	Jse Tax Law; that I am engaged in	the business of selling_	
That the tangible personal proper	ty described herein which I shall	purchase will be resold	by me in the form of
tangible personal property; provide	d, however that in the event any su	ch property is used for an	y other purpose other
than retention, demonstration or d	lisplay while holding it for sale in th	ne regular course of busi	ness, it is understood
that I am required by the sales and	use tax law to report and pay for the	ne tax, measured by the p	ourchase price of such
property.			
Description of account according			
	Durchager		
	Purchaser:		
	City:		
Address:	City:	State:	Zip:
INDIVID	UAL PERSONA	L GUARAN	TEE
Date: 20			
	_,residing at		
for and in consideration of your ext	tending credit at my request to (NA	AME OF COMPANY)	
harainaftar rafarrad on the "Comm	any", of which I am(TITLE)		
·	/ERNIGHT MOUNTINGS INC., and		
	oligation of the company and herek		
		, ,	, ,
	ne due to the creditor by the Comp		, .
	parantee shall be continuing and irre	_	
	otice, non-payment and notice then	eof and consent to any m	iodification or renewal
of the credit agreement hereby gua	aranteed.		
	*		
	Signatu	ure	
	Addres	SS	