



# CREDIT APPLICATION

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CREDIT APPLICATION - SUBJECT TO VERIFICATION. WILL BE REVIEWED ONLY WHEN FULLY COMPLETED AND SIGNED IN BOTH PLACES INDICATED

Company Name:			Ship To (if different):		
Trade Name (D/B/A):			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone#	Fax#		Phone#	Fax#	
E-mail address:			E-mail address:		
			Salesman:		

Type of Organization:

Corporation   
  Partnership   
  Individual Owner

Type of Business:

Wholesaler   
  Chain   
  Manufacturer  
 Department Store   
 Independent Jeweler

Name of Principal(s) or Owner(s):

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ NAME \_\_\_\_\_ TITLE \_\_\_\_\_

Name of A/P Contact: \_\_\_\_\_ Name of Buyer: \_\_\_\_\_

Bank Reference:

NAME OF INSTITUTION	CITY, STATE	ACCOUNT#		
PHONE#	FAX#(REQUIRED)***	BANK OFFICER / CONTACT		
Trade Reference:				
NAME	CITY, STATE	PHONE#	FAX#(REQUIRED)	CONTACT PERSON
NAME	CITY, STATE	PHONE#	FAX#(REQUIRED)	CONTACT PERSON
NAME	CITY, STATE	PHONE#	FAX#(REQUIRED)	CONTACT PERSON
NAME	CITY, STATE	PHONE#	FAX#(REQUIRED)	CONTACT PERSON

Resale certificate#/Tax Exempt# \_\_\_\_\_

YOU HAVE AUTHORIZATION TO VERIFY THE ABOVE INFORMATION VERBALLY OR IN WRITING

GUARANTEE IN ORDER TO INDUCE AD GOLD CREATIONS TO SELL MERCHANDISE AND EXTEND CREDIT TO YOUR COMPANY THE UNDERSIGNED PERSONALLY GUARANTEES THE PROMPT PAYMENT OF ANY, AND ALL INDEBTNESS WHICH MAY BE INCURRED BY THE APPLICANT TO AD GOLD CREATIONS, AND THE EVENT OF ANY DEFAULT ANY TIME BY THE APPLICANT, AD GOLD CREATIONS SHALL BE ENTITLED TO LOOK TO THE UNDERSIGNED GUARANTOR (S) IMMEDIATELY FOR SUCH PAYMENT WITHOUT PRIOR DEMAND OR NOTICE IN THE EVENT THIS ACCOUNT MUST BE REFERRED TO AN ATTORNEY OR AGENCY FOR COLLECTION ANY INDEBTNESS OWNED BY GUARANTOR OR THE APPLICANT TO AD GOLD CREATIONS THE GUARANTOR AGREES TO PAY ALL REASONABLE COSTS THEREFORE INCLUDING COLLECTION FEES, REASONABLE ATTORNEY FEES, COURT FEES AND EXPENSES INCURRED IN CONNECTION THEREWITH

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CREDIT APPROVAL \_\_\_\_\_

REJECTED \_\_\_\_\_ NOTIFIED DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_