

CREDIT APPLICATION

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

| CREDIT APPLICATION | 1 - SOBSECTO VEIGITIE | ATION, WILL BE REVIEWED | ONLY WHEN FOLLY COMP | LETED AITO STOTE | ED IN BOTTIT EAGES INDIGATED |
|--|---|--|--|--|--|
| Company Name: | | | Ship To (if different): | | |
| Trade Name (D/B/A): | | | Name: | | |
| Address: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Phone# | Phone# Fax# | | Phone# | Fax# | |
| E-mail address: | | | E-mail address: | | |
| | | | Salesman: | | |
| Type of Organization: Type of Business: | | | | | |
| Corporation | Partnership | Individual Owner | Wholesaler | Chain | Manufacturer |
| Name of Principal(s) o | r Owner(s): | | Department Store | | Independent Jeweler |
| | | TLE | NAME | TITLE | |
| | | | | | |
| Bank Reference: | | | | | |
| | | | | | |
| NAME OF INSTITUTION CITY, STA | | | | | |
| NAME OF INSTITUTION | N | CITY, STAT | E | ACC | COUNT# |
| NAME OF INSTITUTION PHONE# | N | CITY, STAT | | | COUNT# |
| | DN | | | | |
| PHONE# | ON CITY, STATE | | | BANK OFFIC | |
| PHONE# Trade Reference: | CITY, STATE | FAX#(REQUIF | RED)*** FAX#(REC | BANK OFFIC | ER / CONTACT |
| PHONE# Trade Reference: | | FAX#(REQUIF | RED)*** | BANK OFFIC QUIRED) QUIRED) | ER / CONTACT CONTACT PERSON |
| PHONE# Trade Reference: NAME NAME | CITY, STATE CITY, STATE | FAX#(REQUIF PHONE# PHONE# | FAX#(REC FAX#(REC FAX#(REC | BANK OFFIC QUIRED) QUIRED) QUIRED) | CONTACT PERSON CONTACT PERSON |
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