

# K&D DIAMONDS INC.

*Diamond Cutter and Importer*

20 WEST 47th STREET, ROOM 405

NEW YORK, NY 10036-3303

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SALES@KDDIAMONDS.COM

**APPLICATION FOR CREDIT (From the above)**

**DATE:** \_\_\_\_\_

FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM YOU ON CREDIT, WE SUBMIT THE FOLLOWING INFORMATION AND AUTHORIZE YOU TO CONTACT THE REFERENCES GIVEN.

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ OTHER \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ AT PRESENT LOCATION SINCE (date) \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

BANK OFFICER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TEL: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## CREDIT REFERENCES:

NAME \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT PAYMENTS RECEIVED BEYOND TERMS STATED ON OUR INVOICES WILL BE SUBJECT TO LATE CHARGES. AS A FURTHER INDUCEMENT TO EXTEND CREDIT I/WE AGREE THAT IN THE EVENT SUIT IS BROUGHT ON ANY OBLIGATION HEREAFTER OWED BY ME/US TO YOU THAT I/WE WILL PAY (1) REASONABLE ATTORNEY'S FEES AND NECESSARY COLLECTION COSTS INCURRED BY YOU IN COLLECTING THE SAID OBLIGATION (2) COLLECTION AGENCY COSTS OR COLLECTION COSTS EVEN IF SUIT IS NOT INSTITUTED.

AUTHORIZED BY \_\_\_\_\_ SIGNED \_\_\_\_\_

*Please Print*

*Authorized Signature*

RESALE CERTIFICATE # \_\_\_\_\_ TITLE \_\_\_\_\_

*Owner or Officer Only*

I, HEREBY PERSONALLY GUARANTEE THE OBLIGATION OF THE ABOVE APPLICANT \_\_\_\_\_

*Owner or Officer Only*

OWNER' HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL: \_\_\_\_\_

Confidentiality is Guaranteed!