



# K&D DIAMONDS INC.

Diamond Cutter and Importer

36 West 47 St. ROOM 1006

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: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TYPE OF BUSINESS: PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORP. \_\_\_ OTHER: \_\_\_\_\_

IN BUSINESS SINCE: \_\_\_\_\_ AT PRESENT LOCATION SINCE: \_\_\_\_\_ TAX ID: \_\_\_\_\_

## INSURANCE AND BANK INFORMATION:

INSURED BY: \_\_\_\_\_ CONTACT: \_\_\_\_\_ TEL: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_ TEL: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

## OWNER INFORMATION:

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_ DRIVER LICENSE: \_\_\_\_\_

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

## CREDIT REFERENCES:

1. NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

3. NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

4. NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

Confidentiality is Guaranteed!