



APPLICATION FOR CREDIT

TO: UNIQUE WHOLESALE JEWELRY

DATE _____

Firm Name: _____ Owner's: _____
Phone Number: _____ Fax Number: _____

Shipping Address: _____ City: _____ State: _____
Country: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____
Country: _____ Zip Code: _____

Would you like an Internet account: Yes No (A temporary password will be sent to you)
Email address used to shop online: _____

Business: Retail Wholesale Manufacture Other
Type: Jewelry Store Gift Shop Apparel Store Department Store Casino
 Other: _____

Ownership: Corporation Partnership Proprietorship

Present Location Since: _____ Date Established: _____
Federal ID #: _____ Owners Soc. Sec. #: _____
State Sales Tax ID #: _____

REFERENCES: (Give only names of open accounts. Copy may be attached.)

Jewelry Board of Trade ID #: _____

Dun & Bradstreet ID #: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ A/C #: _____
Contact Person: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ A/C #: _____
Contact Person: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ A/C #: _____
Contact Person: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ A/C #: _____
Contact Person: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ A/C #: _____
Contact Person: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ A/C #: _____
Contact Person: _____

Banking Institution Information:

Bank Name: _____ Contact Person: _____
Account Numbers: _____
Address: _____
Phone Number: _____ Fax Number: _____

Bank Name: _____ Contact Person: _____
Account Numbers: _____
Address: _____
Phone Number: _____ Fax Number: _____

First time purchases must pay up front. Thereafter, with credit-approved application, our terms are net 30 days. A minimum purchase amount of \$250.00 with sales representative required. A minimum of \$50.00 phone, fax or Internet re-orders required. All balances not paid within 30 days after receipt of statement incur a service charge of 2% per month (24% annum). There is a \$30.00 NSF fee for each bad check received. Customer will pay any legal fees and expenses on uncollected account.

I, (Applicant), understand your terms and agree to abide by them and, in addition, agree to pay all costs of collection, including reasonable attorney's fee and court costs.

(Company Name)

(Signature)

(Title)

(Date)

(Signature)

(Title)

(Date)

PERSONAL GUARANTY

As principal owner of the applicant company herein, I hereby personally guarantee all debts incurred by said company with Unique Wholesale Jewelry.

(Signature of Individual)

(Signature of Individual)

P.O. BOX 249
Broussard, LA 70518-0249 USA
Phone: (337) 233-1179 Fax: (866) 429-4126
Email: uniquejewelry@msn.com
Website: <http://www.uniquewholesalejewelry.com>