

All of the following must be completed in order to establish credit.

FIRM NAME: _____	CONTACT: _____
STREET ADDRESS: _____	CITY: _____
STATE/ZIP: _____	PHONE: () _____ FAX: () _____
NAME OF BANK: _____	ACCOUNT NO: _____
ADDRESS: _____	PHONE: () _____ FAX: () _____
CITY/STATE/ZIP: _____	DESIRED CREDIT LIMIT: _____

TRADE REFERENCES

GOLD JEWELRY SUPPLIER: _____	CONTACT: _____
ADDRESS: _____	CITY: _____
STATE/ZIP: _____	PHONE: _____ FAX: _____
GOLD JEWELRY SUPPLIER: _____	CONTACT: _____
ADDRESS: _____	CITY: _____
STATE/ZIP: _____	PHONE: _____ FAX: _____
GOLD JEWELRY SUPPLIER: _____	CONTACT: _____
ADDRESS: _____	CITY: _____
STATE/ZIP: _____	PHONE: _____ FAX: _____
GOLD JEWELRY SUPPLIER: _____	CONTACT: _____
ADDRESS: _____	CITY: _____
STATE/ZIP: _____	PHONE: _____ FAX: _____
GOLD JEWELRY SUPPLIER: _____	CONTACT: _____
ADDRESS: _____	CITY: _____
STATE/ZIP: _____	PHONE: _____ FAX: _____

DO YOU CARRY ROBBERY? THEFT INSURANCE? _____ YES _____ NO IF YES, WHAT IS THE AMOUNT OF COVERAGE: _____

DO YOU CARRY TRANSPORTATION INSURANCE? _____ YES _____ NO IF YES, WHAT IS THE AMOUNT OF COVERAGE: _____
(FOR YOU OR SALESMAN IF ROBBED WHILE CARRYING MERCHANDISE)

NAME OF INSURANCE CO: _____

AGENT'S NAME: _____ PHONE: _____

ARE YOUR PREMISES PROTECTED BY AN ALARM SYSTEM? _____ YES _____ NO

I HEREBY AUTHORIZE THE RELEASE OF ALL FINANCIAL AND TRADE INFORMATION. IT IS UNDERSTOOD AND AGREED THAT PAYMENTS RECEIVED BEYOND TERMS STATED ON ADRIENNE DESIGNS INVOICES WILL BE SUBJECT TO LATE CHARGES. AS A FURTHER INDUCEMENT TO EXTEND CREDIT I / WE AGREE THAT IN THE EVENT A SUIT IS BROUGHT ON, ANY OBLIGATION HEREAFTER OWED BY ME / US TO YOU THAT I / WE WILL PAY REASONABLE ATTORNEY'S FEES AND NECESSARY COLLECTION COSTS EVEN IF SUIT IS NOT INSTITUTED. IT IS FURTHER UNDERSTOOD THAT ALL PURCHASES ARE FOR RESALE.

SIGNATURE: _____ BY: _____ DATE: _____

RESALE CERTIFICATE # _____ ESTABLISHED: _____