

COMMERCIAL CREDIT APPLICATION



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| FOR OFFICE USE ONLY | |
|---------------------|-------------|
| SMM# _____ | ACCT# _____ |
| TERR _____ | D&B _____ |
| CLASS _____ | DATE _____ |
| TYPE _____ | ENT _____ |
| LIMIT _____ | |

Please complete and sign this credit application to be considered for open account status. If the information supplied is incomplete or found to be incorrect, this may delay processing of the application and could affect prompt delivery of products or services.

I (WE) SUBMIT THE FOLLOWING INFORMATION IN APPLYING FOR AN OPEN ACCOUNT:

Business Name: _____ Business Location: Mall Street Office Bldg. Home Other _____
 Address: _____ Shipping Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Tel.() _____ Fax:() _____ Tel.() _____ Fax:() _____
 Business Type: Manufacturer Wholesaler Retailer Retail/Mfg. Other _____ Accounts Payable Contact _____

COMPLETE APPLICABLE SECTION: Individual Partnership Corporation Subsidiary of _____

Do you operate under any other names? (If yes, state company name and address):

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Owner's, Officer's, Director's, or Partner's Names:

1. _____ Address: _____ City: _____ State: _____ Zip: _____

2. _____ Address: _____ City: _____ State: _____ Zip: _____

Year Incorporated: _____ State: _____ Years in Business: _____

Owner's Social Security Number: 1. _____ 2. _____

Email Address: _____ Website: _____

Bank Name: _____ Checking Account No.: _____

Address: _____ Savings Account No.: _____

City: _____ State: _____ Zip: _____ Phone Number: () _____

Bank Officers (Contacts) _____

TRADE REFERENCES (Include karat gold jewelry suppliers):

Trade (1) _____ Acct. #: _____ Fax #: () _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: () _____

Trade (2) _____ Acct. #: _____ Fax #: () _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: () _____

Trade (3) _____ Acct. #: _____ Fax #: () _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: () _____

Trade (4) _____ Acct. #: _____ Fax #: () _____

Address: _____ City: _____ State: _____ Zip: _____ Tel. #: () _____

CREDIT CARD INFORMATION:

VISA MASTERCARD DISCOVER Corporate Personal Acct.# _____ Exp. Date _____

If representations made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Seller's term as **NET 30 DAYS** and acknowledges and authorizes a service charge of 1.5% per month (18% annual) on any past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payments when due, (b) in the event of default, customer agrees to pay attorney and/r collection agency fees not exceeding 40%, (c) to change the terms of the account from time to time (consistent with applicable law) to be effective not less than 30 days after given notice, (d) to limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof; but it may avail itself of the terms of this agreement until full payment of the entire balance with Finance Charge to date has been received. (3) In submitting this application for credit, I authorize you to investigate my credit record.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO THE ABOVE SHOWN.

★

SIGNATURE OF OWNER/PARTNER OR OFFICER

DATE

AUTHORIZED SIGNATURE OTHER THAN ABOVE

DATE

RESALE CERTIFICATE

If purchases are for resale and you do not wish to be charged tax, please insert your sales tax permit number with your signature and address on this resale certificate. All accounts will be charged tax unless Resale certificate is complete and correct. If your state requires a specific form or document, please attach same with proper signature.

Firm Name: _____

I HEREBY CERTIFY, that I hold valid seller's permit number _____

issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____

That the tangible personal property described herein which I shall purchase will be resold by me in the form of tangible personal property; provided, however that in the event any such property is used for any other purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the sales and use tax law to report and pay for the tax, measured by the purchase price of such property.

Description of property purchased: _____

Date: _____ 20 _____ Purchaser: _____

By and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

INDIVIDUAL PERSONAL GUARANTEE

Date: _____ 20 _____

I, _____, residing at _____

for and in consideration of your extending credit at my request to (NAME OF COMPANY)

hereinafter referred as the "Company", of which I am (TITLE) _____

hereby personally guarantee to **OVERNIGHT MOUNTINGS INC.**, and affiliated companies herein referred to as the "creditor", the payment of any obligation of the company and hereby agree to bind myself to pay the creditor on demand any sum which may become due to the creditor by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable and indemnify for such indebtedness of the Company, I do hereby waive notice, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

*

Signature

Notary Stamp/Witness

Address