



CREDIT APPLICATION

The undersigned hereby agrees that account is due and payable to Oro Diamante® a division of PnS Jewelry Inc. at its principal office in Los Angeles, California

OFFICE USE ONLY

ORO DIAMANTE®
SINCE 1986

NAME OF BUSINESS _____ FAX: () _____

ADDRESS (MAILING) _____

CITY _____ STATE _____ ZIP _____ TEL: () _____

ADDRESS (SHIPPING) _____

CITY _____ STATE _____ ZIP _____ TEL: () _____

DO YOU OPERATE UNDER ANY OTHER NAME? _____ IF SO, PLEASE LIST NAME & ADDRESS: _____

NAME _____

NAME OF OWNER/PRINCIPLE(S) _____ DRIVERS LICENSE NO. _____

OWNER'S HOME ADDRESS _____ SOCIAL SECURITY NO.(S) _____

CITY _____ STATE _____ ZIP _____ HOME PHONE () _____

CHECK ONE: INDIVIDUAL (PROPRIETORSHIP) PARTNERSHIP CORPORATION STATE SALES TAX#

CURRENT AUTHORIZED BUYERS: _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____ IF LESS THAN 1 YEAR, PREVIOUS EMPLOYMENT: _____

HAVE YOU EVER HAD AN ACCOUNT WITH US BEFORE? _____ IF SO, GIVE NAME AND ADDRESS YOU OPERATED UNDER: _____

CITY _____ STATE _____ ZIP _____

CARRIER PREFERRED: Federal express UPS (Next afternoon delivery standard - Next a.m. & 2nd day services available.)

Principle source of business: Retail Wholesale Manufacturing Tradeshop

How much do you anticipate purchasing per month? (mountings, jewelry, etc.) _____

GIVE NAMES AND ADDRESS OF AT LEAST FOUR ACTIVE JEWELRY TRADE REFERENCES:

(PLEASE NOTE WE PREFER DIAMOND JEWELRY SUPPLIERS)

1. NAME _____ PHONE NO. () _____

ADDRESS _____ ZIP _____ ACCT. NO. _____

2. NAME _____ PHONE NO. () _____

ADDRESS _____ ZIP _____ ACCT. NO. _____

3. NAME _____ PHONE NO. () _____

ADDRESS _____ ZIP _____ ACCT. NO. _____

4. NAME _____ PHONE NO. () _____

ADDRESS _____ ZIP _____ ACCT. NO. _____

NAME OF BANK _____ PHONE NO. () _____

CITY _____ STATE _____ ZIP _____ CHECKING ACCT. NO. _____

The undersigned hereby makes this application for credit to ORO DIAMANTE® a division of PnS Jewelry Inc. (creditor), and applicant agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before date, are then delinquent. It is understood that Creditor may impose and change a delinquency charge which is lower of 2% per month or the highest rate allowed by law. Additionally, undersigned shall be responsible for all collection costs and attorney's fees in connection with any delinquent amounts. The laws of the state of California shall be applicable to all suits rising under any agreement between the undersigned and Creditor. In the event of litigation, venue shall be in Los Angeles, California. Certified mail will be sufficient notice to effectuate personal service over the defendant, and the defendant agrees to waive citation. Undersigned agrees creditor may utilize outside reporting services to obtain information and may apply payments at creditor's discretion. Persons signing application certify all information is true and correct to the best of their knowledge and belief.

SIGNED BY: _____ TITLE _____ DATE: _____

THIS CREDIT APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED, SIGNED AND DATED

PERSONAL GUARANTEE

I, _____, guarantee the payment of all sums that _____ (hereafter called "The Company") now or hereafter owe ORO DIAMANTE® a division of PnS Jewelry Inc. should, The Company default in payment of any sums due and payable to ORO DIAMANTE®. I agree to pay to ORO DIAMANTE® all such sums. I agree that my liability under this Guarantee shall not be affected by any change in terms of payment from The Company to ORO DIAMANTE®.

Signature of Guarantor _____ SS # _____

Dated _____ Home Phone () _____

Home Address _____

City _____ State _____ Zip _____

Please Return Completed Application To:

ORO DIAMANTE®

A Division of PnS Jewelry Inc.
510 W. 6th Street, Suite #1120
Los Angeles, CA 90014

Tel: 213-489-1046 ♦ Fax: 213-489-3439

TOLL FREE 1-800-647-0675