

KASSOY

TOOLS & SUPPLIES FOR THE JEWELRY TRADE

CREDIT APPLICATION

For the purpose of obtaining merchandise from you on credit, we submit the following information and authorize you to contact the references given below:

COMPANY INFORMATION:

Firm Name: _____ Date Of Application: _____
Address: _____ City/ State / Zip: _____
Phone: _____ Fax: _____ Soc. Sec. # Fed. ID. # _____
Proprietorship: _____ Partnership: _____ Corporation: _____ Year Established: _____

CREDIT RATING INFORMATION:

JBT Listed: _____ JBT Rating: _____ D & B Listed: _____ D & B Rating: _____

BANKING INFORMATION:

Bank Name _____ Account No.: _____
Address: _____ City/ State / Zip: _____
Phone: _____ : _____ Fax: _____

TRADE REFERENCES:

Firm #1 Name _____ Account No.: _____
Phone: _____ Fax: _____
Address: _____ City/ State / Zip: _____

Firm #2 Name _____ Account No.: _____
Phone: _____ Fax: _____
Address: _____ City/ State / Zip: _____

Firm #3 Name _____ Account No.: _____
Phone: _____ Fax: _____
Address: _____ City/ State / Zip: _____

It is understood and agreed that payments received beyond terms stated on our invoices will be subjects late charges. As further inducement to extend credit, I/we agree that I/we will pay all reasonable attorney's fees and collection costs incurred by you in collecting said obligation when necessary. Resale Certificate # _____

AUTHORIZED BY: _____ **SIGNED:** _____ **TITLE:** _____

In the event that our account is 15 days past due, I hereby authorize Kassoy to collect payment using the following credit card account and collect an additional 3% charge for a credit card transaction.

Account: _____ Expiration _____ / _____ Name of card holder: _____
Signature of card holder: _____ Date _____

OFFICE AND WAREHOUSE: 101 Commercial St., Suite 200, Plainview, NY 11803
Tel: (516) 942-0560 • Fax: (516) 942-0402