K. Rosengart

Diamond Melee Specialists

Application for Credit

For the purpose of obtaining merchandise from K. Rosengart on credit, we submit the following information and authorize K. Rosengart to contact the references below.

Company Name: _____ DBA (if applicable)_____
Street Address: _____City _____ST ____ Zip _____
Phone#: _____Fax: _____Email:_____

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Year Established _____ At Present Location Since (Date)_____
JBT# _____ Resale Certificate#: _____

Bank Name: _____ Account #_____
Street Address: _____City _____ST ____ Zip _____
Bank Officer_____ Phone#: _____

Credit References

1. Company Name: _____Main Contact _____
Street Address: _____City _____ST ____ Zip _____
Phone#: _____Fax: _____Email:_____

2. Company Name: _____Main Contact _____
Street Address: _____City _____ST ____ Zip _____
Phone#: _____Fax: _____Email:_____

3. Company Name: _____Main Contact _____
Street Address: _____City _____ST ____ Zip _____
Phone#: _____Fax: _____Email:_____

It is understood and agreed that payments received beyond the terms stated on K. Rosengart invoices will be subject to late charges. As a further inducement to extend credit I/we agree that in the event suit is brought on any obligation hereafter owed by me/us to K. Rosengart that I/we will pay: 1. Reasonable attorney's fees and necessary collection costs incurred by K. Rosengart in collecting the said obligation. 2. Collection agency costs or collection costs even if suit is not instituted.

Authorized by:_____Signed: X _____Title: _____
Please Print Authorized Signature Owner or Officer Only

Thank you for taking the time to complete and **email** this form to **info@k.rosengart.com**

Confidentiality is Guaranteed. We look forward to working with you!

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