

*D. Sarros Gems Limited*  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Name(s) of Authorized to order:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Contact Name:			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Contact Name:			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Contact Name:			

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize D. Sarros Gems Limited to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
-----------------	-----------------