



Gem Star
• IMPORTS •

590 Fifth Ave, 17th floor
New York, NY 10036
PH# 2121-354-0984 * FAX# 212-354-0986
Sales@gemstarimports.com
WEB – www.gemstarimports.com

Customer Request

Term _____

Credit Limit _____

Sales Person _____

Not Approved by Management

TRADE REFERENCES

THIS CREDIT APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN FULL, SIGNED AND DATED

LIST FOUR DIAMOND JEWELRY TRADE REFERENCE BELOW. PROVIDE FAX NUMBERS AND YOUR ACCOUNT NUMBER.

1. _____
2. _____
3. _____
4. _____

ANTI-MONEY LAUNDERING PROGRAM (AML) + CREDIT AGREEMENT

Have you established an Anti-Money Laundering Program or in the process of establishing one according to the U.S.A. Patriot Act? Yes___ No___ if not why not?

CERTIFICATION: I hereby certify that the information supplied above is correct to the best of my knowledge. I hereby authorize Gem Star Imports LLC to obtain credit and banking information about my company and consent to the release of the information by authorized representatives of Gem Star Imports LLC. In the event that this account should fall delinquent and is referred to an attorney, the undersigned agrees to pay to Gem Star Imports LLC. Reasonable fees extended to resolve this matter. I understand that a service charge of up to 1.5% may be applied to all delinquent accounts. It is understood that this application and all purchase orders accepted by Gem Star Imports LLC shall be a contract made, performed and enforceable in accordance with the laws of the State of New York. Any dispute between this company and Gem Star Imports LLC shall be resolved in the State or Federal Courts of New York.

COMPANY NAME _____

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN FULL, SIGNED AND DATED

FOR OFFICE USE ONLY:

DATE RECEIVED _____ JBT RATING _____

DATE APPROVED _____ APPROVED BY _____

CREDIT LIMIT _____ TERMS _____

COMMENTS _____



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CHECK ONE _____ INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP _____

NAME OF CORPORATION _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

SHIPPING ADDRESS _____

TELEPHONE _____ CELL _____ FAX _____ EMAIL _____

DATE OPENED _____ CREDIT LIMIT REQUEST _____

FEDERAL ID: # _____ ARE YOU LISTED WITH JBT? YES _____ NO _____; IF YES JBT# _____

LIST NAMES OF AUTHORIZED BUYERS _____

NAME OF OWNER _____

HOME ADDRESS _____ CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

SPOUSE INFORMATION

FIRST NAME _____ LAST NAME _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

SALES TAX CERTIFICATE OF EXEMPTION (COPY OF SALES TAX CERTIFICATE IS REQUIRED)

This is to certify that all material, merchandise, or goods purchased by the undersigned from **Gem Star Imports LLC** is purchased as tangible personal property. This certificate shall be considered a part of each order which we shall give provided – such order contains our certificate number. This certificate is to continue in force until revoked.

Resale Tax ID No _____ STATE _____

By _____ (SIGNATURE) _____

BANK INFORMATION

NAME _____

CONTACT PERSON & NUMBER _____

ACCOUNT NUMBER _____

I authorize the above bank to release information regarding my business accounts. I understand & authorized all dishonored

Checks plus a processing fee to be electronically debited from my account.

DATE _____ SIGNATURE _____