

Please Remember

to sign and date this form upon completion.

#### AMERICA'S DIAMOND SPECIALIST

### Phone: **1.800.874.8768** Fax: **1.844.742.6591**

Visit rdidiamonds.com

<b>Business Information</b>				
Name of Business:				
Legal Name (If Different):				
Address:				
Suite/Building:				
City, State, Zip:				pen Account
Federal Identification #:				18
Have you establish	ed an AML Program, in acc	cordance to USA Patriot Act?	Yes O No O	Ιĕ
✓ If no, Why? (Please	se explain):			
Business Phone:		Business Fax:	Business Fax:	
Email:		Web Site:		17
Company Principals R	esponsible For Busine	ess Transactions		Form
Name:		Social Security #:	Social Security #:	
Address:				1
City, State, Zip:		Phone:	Phone:	
Name:		Social Security #:	Social Security #:	
Address:				
City, State, Zip:		Phone:	Phone:	
Authorized Buyers If Other	Than Owner:			3
Bank References:				Mail To:
Bank Name:		Contact Person:	Contact Person:	
Address:				RDI Inc. 2300 West I Rochester, I
City, State, Zip:		Branch:	Branch:	
Phone:		Account:	Account:	
Trade References: Pref	erably Diamond References			Ridge Road - 4th Floor New York 14626
Firm Name:	Address:	City, State, Zip:	Phone #:	Road ork 1
				⅓ - 4 .462
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\*Signing this application gives RDI Diamonds® express permission to obtain business and personal credit information.

In consideration of credit extended, I/We personally guarantee full and prompt payment according to terms granted of all invoices rendered. All past due indebtedness shall be subject to interest at the maximum rate allowed by law until paid. If My/Our account is placed in the hands of an attorney for collection, or if collection is made through bankruptcy or probate proceedings, I/We agree to pay a reasonable amount in attorney's fees on both the principal and interest charge. All charges are due and payable in full at 2300 W. Ridge Rd., 4th Floor, Rochester, NY 14626. It is agreed that venue for any legal action or suits shall be Rochester, Monroe County, NY and the laws of the State of New York shall have jurisdiction in such actions or suits. Not withstanding billing agreements, the undersigned accepts personal liability as insurer of the items received and guarantees payment of the purchase price set forth above. I/We agree to furnish financial information or statements as requested. I/We verify that all information supplied is true and correct.



# **Terms and Policies**

### Please complete, sign and return this form to us.

1. Memo is issued for five days.

2. Invoice terms are NET 30 from the original memo date.

3. Receive 2% off if invoice is paid within **10 days of the original memo date**. Account must be current to receive discount (no past due balances). Discount transactions are initiated by contacting your account manager to receive your ACH debit (check by phone) form via fax or email.

4. Any refused shipments are the responsibility of the refusing customer.

I agree to the above terms and policies.

Store name:	Federal tax ID:		
Client name:			
Client signature:	Date:		

## Please fax completed form to: 1.844.742.6591