

# Casting House

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Toll Free: 877.927.2278 / Local: 312.782.7160  
Fax: 312.782.7153 / www.castinghouse.com

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ EMAIL \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
FAX \_\_\_\_\_

OWNERSHIP  SOLE OWNER  PARTNERSHIP  COPORATION YEAR ESTABLISHED \_\_\_\_\_

BANK INFORMATION Provide bank information if you are NOT A MEMBER of JBT and if you DO NOT HAVE A JBT CREDIT RATING.

BANK \_\_\_\_\_ ACCT # \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

JEWELERS BOARD OF TRADE  JBT MEMBER WITH CREDIT RATING JBT # \_\_\_\_\_  
 JBT MEMBER WITHOUT CREDIT RATING JBT RATING \_\_\_\_\_  
 NOT A MEMBER OF THE JBT

CREDIT REFERENCES Please list three companies that you currently use as vendors.

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT PAYMENTS RECEIVED BEYOND TERMS\* STATED ON OUR INVOICES WILL BE SUBJECT TO FINANCE CHARGES OF 1.5% OF PAST DUE BALANCE AS OF FIVE DAYS PAST THE DUE DATE. AS FURTHER INDUCEMENT TO EXTEND CREDIT I/WE AGREE THAT IN THE EVENT SUIT IS BROUGHT ON ANY OBLIGATION HEREAFTER OWED BY ME/US TO YOU THAT I/WE WILL PAY (1) REASONABLE ATTORNEY'S FEES AND NECESSARY COLLECTION COSTS INCURRED BY YOU IN COLLECTION SAID OBLIGATION (2) COLLECTION AGENCY COSTS OR COLLECTION COSTS EVEN IF THE SUIT IS NOT INSTITUTED. FURTHERMORE, I HEREBY PERSONALLY GUARANTEE THE OBLIGATION OF THE ABOVE APPLICANT

\*Our terms are "10<sup>th</sup> of next month". A charge of 1.5% will be applied to balances five or more days past due. Upon approval, an initial credit limit may be established in good standing. When necessary we will require a valid credit card on file to be charged only if undisputed invoices are unpaid for 60 days or more or if you/your company opt to pay the balance by credit card in lieu of a check at the due date.

OWNER/OFFICER(PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RESALE # \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_

TITLE (OWNER/OFFICER ONLY) \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DATE \_\_\_\_\_

OWNER'S HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_