



300 Rancheros Dr, Suite 375, San Marcos, Ca 92069 FAX 415-619-5720

### CREDIT APPLICATION

Date \_\_\_\_\_

#### Company Information

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Resale # \_\_\_\_\_ Phone# \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 JBT # \_\_\_\_\_ Type of Business \_\_\_\_\_ Website \_\_\_\_\_  
 Amount of Credit Requested \$ \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Annual Sales Volume \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ L.L.C. \_\_\_\_\_ (check one)  
 Parent Company Name (if any) \_\_\_\_\_  
 Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Owner Information - (Must be completed for all partnerships and sole proprietorships; also, for corporations in business less than three years)

Owner's Full Name \_\_\_\_\_  
 Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner's Social Security Number \_\_\_\_\_

Partner's Full Name (If Partnership) \_\_\_\_\_  
 Partner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Partner's Social Security Number \_\_\_\_\_

#### Trade References - (Major Suppliers, Full Address, No 800 #'s Please)

1)	Name	Address	Zip	Phone	Fax#
2)	Name	Address	Zip	Phone	Fax#
3)	Name	Address	Zip	Phone	Fax#
4)	Name	Address	Zip	Phone	Fax#

#### CREDIT POLICY AND DISCLOSURES FOR OPEN ACCOUNT

- Open account billing will be granted to firms that are rated 1 or 2 by the Jewelers Board of Trade.
- The Jewelers Board of Trade will rate firms that are one year old or more. We will request a rating if you are not currently rated. Please allow up to 10 days for processing this application.
- If your account is turned over to a collection agency or attorney for collection, or in the event of default, all collection, legal expenses, and reasonable attorney fees will be paid by the debtor. Collection and legal expenses shall include, but not be limited to all costs of filing legal process, service of Summons and Complaint, witness fees, collection agency fees and attorney fees.

I understand and agree to the above policy and upon any default of the above entity, the undersigned does hereby guarantee to Chatham Inc. prompt payment.

NAME OF INDIVIDUAL RESPONSIBLE \_\_\_\_\_ TITLE \_\_\_\_\_

\*SIGNATURE (officer if corporation) \_\_\_\_\_ DATE \_\_\_\_\_

#### AUTHORIZATION TO RELEASE BANK INFORMATION

NAME OF YOUR BANK \_\_\_\_\_ BANK ADDRESS \_\_\_\_\_

NAME OF YOUR BANK OFFICER \_\_\_\_\_ CITY STATE & ZIP \_\_\_\_\_

This is my authorization to release information to Chatham Inc. for the purpose of supporting the Credit Application and establishing open credit line

Account Name Per Bank Records

Account Number

\* Authorized Signature \_\_\_\_\_