

INSTRUCTIONS

R•Findings welcomes your interest in becoming a participant in future sales success. We direct your attention to the outlined instructions below.

We have developed guidelines and requirements based on your standing with the Jewelers Board of Trade (JBT). Please refer to the appropriate condition when responding.

If you have any questions or require assistance with this process please call us toll free at **1-800-422-7624**. We are available to help you today and everyday.

If you are not currently a member or listed by the Jewelers Board of Trade (JBT) and desire an account for open net 30 terms, C. O. D. with company check payments or Credit Card payments we require:

1. A copy of your state tax license.
2. A copy of your business card or advertisement.
3. Copies of two (2) trade invoices, preferably from karat gold suppliers.
4. Completed "Confidential Account Application".
Note: Application must be completed in full along with all signatures.
5. New York State Residents Only – completed NYS Resale Certificate (enclosed).

If you are currently a member, listed or listed and rated, by the Jewelers Board of Trade (JBT) and desire an account for open net 30 terms, C. O. D. with company check or Credit Card payments we require:

1. Completed "Confidential Account Application".
Note: Application must be completed in full along with all signatures.
2. New York State Residents Only – completed NYS Resale Certificate (enclosed).



Confidential Account Application

I (we) would like to establish an account with R•Findings.

The following information is being offered in consideration of the following terms (please check one):

- Open Account, Net 30.**
- Credit Card (Visa, MC, Discover)**
- Desired Credit Limit of \$ _____**
- C.O.D. (Company Check)**

I authorize the named bank and trade references to release information regarding my business accounts.

Signature and Title

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETED IN FULL, SIGNED AND DATED.

Company Name: _____
 DBA: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____
 Fax: (_____) _____
 E-mail: _____
 Shipping Address: _____
 City: _____ State: _____ Zip: _____
 Federal Tax ID Number _____ - _____
OR Social Security No. _____ - _____ - _____
 JBT Listed: Yes No JBT I.D No _____
 IJO Member? Yes No
 Date Business Established: ___/___/___
 Resale Certificate # _____

Type of Company: Individual Partnership Corporation

Business Type:
 Retail Trade / Repair Shop Wholesale
 Retail Mfg Wholesale Mfg
 Other (Specify) _____

Business Location:
 Retail Center Office Space Mfg Plant
 Home Other (Specify) _____

Key Employees:
 Owner/Officer: _____
(Name and Title)
 Authorized Buyer: _____
(Name and Title)
 Authorized Buyer: _____
(Name and Title)
 Bench Jeweler: _____
(Name and Title)
 Financial Contact: _____
(Name and Title)

Bank Information:
 Bank Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Bank Contact: _____
 Phone: (_____) _____
 Checking Account No. _____

Trade References (Gold Suppliers Only – No Gem or Diamond References)

1) Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Fax No.: (_____) _____
Phone No.: (_____) _____
(Must have fax number to expedite processing)

2) Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Fax No.: (_____) _____
Phone No.: (_____) _____
(Must have fax number to expedite processing)

3) Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Fax No.: (_____) _____
Phone No.: (_____) _____
(Must have fax number to expedite processing)

TERMS OF SALE AGREEMENT

The undersigned owner/authorized representative accept the terms agreed upon and that will be stated on each invoice. The applicant further agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before the date are delinquent. Additionally, it is agreed that a service charge of 1.5% per month will be applied to any invoice that is paid beyond the terms stated on that invoice. If default occurs in making any payments when due, the undersigned agrees to pay any attorney and/or collection agency fees not exceeding 40% in addition to the principal sum and any delinquent finance charges. We (I) understand these terms and agree to abide by them.

Authorized Signature _____ Date _____
 Print Name & Title _____

NEW YORK STATE RESALE CERTIFICATE

(TO BE COMPLETED BY NEW YORK STATE RESIDENTS ONLY)

Name of Purchaser: _____
 I certify that I hold a valid seller's permit No. _____
 issued pursuant to the Sales and Use Tax law; that I am engaged in the
 business of selling _____

That the tangible personal property described herein which I shall purchase will be resold by me in the form of tangible personal property, provided, however that in the event such property is used for any other purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the sale and use tax law to report and pay for the tax, measured by the purchase price of such property.

Signature of Purchaser or Authorized Agent