

## **ElimJewelry.com Corp.**

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### **CREDIT APPLICATION**

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

#### **BILL TO:**

#### **SHIP TO: (If different from the billing address)**

NAME OF CORPORATION \_\_\_\_\_

NAME OF CORPORATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

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

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

ZIP CODE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**TYPE OF ORGANIZATION :**  CORP.  WHOLESALER  RETAILER  INDIVIDUAL  OTHER \_\_\_\_\_

**RESALES CERTIFICATE # / E.I.N. #:** \_\_\_\_\_

### **CREDIT CARD AUTHORIZATION**

NAME OF CARDHOLDER: \_\_\_\_\_

CARD TYPE :  VISA  Master  Amex  Discovery

CREDITCARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_ / \_\_\_\_ (MM/YY)

CVV# (Card Verification Value code): \_\_\_\_\_

STREET: \_\_\_\_\_

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

SIGNATURE OF CARD HOLDER \_\_\_\_\_

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that the submission of false information may result in serious charges and that I am fully obligated in legal actions brought against me by ElimJewelry.com Corp. I authorize ElimJewelry.com Corp. to process any and all charges outlined in existing agreement. I agree that this authorization shall continue in effect until revoked by me in writing but my obligation to pay is subject to the terms of the underlying Agreement.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_