



TEL # (213) 225-6278

Fax # (213) 833-3922

APPLICATION FOR CREDIT

The undersigned hereby agrees the Oro King, Inc. account is due and payable to Oro King, Inc. that this application serves as an agreement for the sale of goods and/or services.

BUSINESS NAME: _____

BUSINESS PHONE: _____ FAX: _____

ADDRESS (MAILING): _____ CITY: _____ STATE: _____ ZIP: _____

ADDRESS (SHIPPING): _____ CITY: _____ STATE: _____ ZIP: _____

DO YOU OPERATE UNDER OTHER NAME? ____ IF SO, PLEASE LIST NAMES & ADDRESS: _____

NAME: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF OWNER/PRINCIPAL _____ DRIVER LICENSE NO: _____

SOCIAL SECURITY NO(S): _____ HOME PHONE: _____

OWNER'S HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHECK ONE: ____ INDIVIDUAL (PROPRIETORSHIP) ____ PARTNERSHIP ____ CORPORATION

CURRENT AUTHORIZED BUYERS: _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____ IF LESS THAN (1) YEAR

PREVIOUS EMPLOYMENT: _____

HAVE YOU EVER HAD AN ACCOUNT WITH US BEFORE? ____ IF SO, GIVE THE NAME AND ADDRESS YOU OPERATE UNDER:

NAME: _____ CITY: _____ STATE: _____ ZIP: _____

CARRIER PREFERRED: ____ FEDERAL EXPRESS ____ UPS

(Next afternoon delivery standard – Next a.m. & 2nd day service available/U.S. Mail available upon request)

How much do you anticipate purchasing per month? (mounting, findings, etc.) _____

GIVE THE NAMES AND ADDRESSES OF THE LAST FOUR ACTIVE JEWELRY TRADE REFERENCES:

(Please note we prefer karat gold jewelry suppliers. If you have been in business under this name for less than one year, or have not established sufficient credit history with four trade references, we require the owner or principal stockholder to complete and sign the PERSONAL GUARANTY form.)

1. NAME: _____ PHONE NO: _____ ACCT. NO: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

2. NAME: _____ PHONE NO: _____ ACCT. NO: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

3. NAME: _____ PHONE NO: _____ ACCT. NO: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

4. NAME: _____ PHONE NO: _____ ACCT. NO: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

NAME OF BANK: _____ PHONE NO: _____

CITY: _____ STATE: _____ ZIP: _____ CHECKING ACCT. NO: _____

The undersigned hereby makes this application to ORO KING, INC. (Creditor), and applicant agree 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 said date, are then delinquent. It is understood that Creditor may impose and charge a delinquency charge, which is the lower of 2% per month, or highest rate allow by law. Additionally, undersigned shall be responsible for all collection cost and attorney's fees in connection with any delinquent amounts. The laws of the state of California shall be applicable to all suits arising under any agreement between the undersigned and Creditor. In the event of litigation, venue shall be in California. Certified mail will be sufficient notice to effectuate personal service over the defendant, and the defendant agrees to wave citation. Undersigned agrees Creditor may utilize outside reporting services to obtain information and may apply payments at Creditors discretion. Persons signing application certify all information is true and correct to the best of their knowledge and belief.

SIGNED BY: _____ DATE: _____ TITLE: _____

This credit application cannot be processed unless completed, signed and dated.