

**New Account Application** - Please be sure to fill out all fields legibly in pen.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/Resell #: \_\_\_\_\_

Type of business (Please check all that apply):  Wholesale  Retail  Online

Years in business: \_\_\_\_\_ Years at the above location: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Branch Tel#: \_\_\_\_\_

**Please list at least 3 active trade references whom give you a line of credit:**

1) Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

4) Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

5) Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Anti Money Laundering Compliance

Does the company applying for a new account currently participate in an Anti Money Laundering program in compliance with the USA PATRIOTIC ACT and the U.S. BANK SECRECY ACT?

Yes, we have in place or are in the process of instituting an **AML** program.

No, we will not institute an **AML** program because: \_\_\_\_\_

**I AGREE TO THE BEST OF MY KNOWLEDGE THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND TRUTHFUL.**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Application for Credit and Memo Program** - *The below agreement must be completed in full in order to issue memorandums or offer terms on payment. Customers uncomfortable with providing the below information can still work with pre-paid 30 day money back cash memos and invoices.*

The undersigned hereby personally and unconditionally guarantees payment of all obligations incurred by the (customer). The customer is defined as any employee or representative who conducts business under the name of or on behalf of the herein named business. The undersigned further agree(s), in the event that legal action is instituted to enforce collection, to pay all attorney's fees, legal costs and any expense regarding the collection. Additionally the undersigned agree(s) that the venue for such actions shall be in New York County, Manhattan, NY.

Name of Personal Guarantor: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PERSONAL GUARANTEE: I personally guarantee payment of all money and obligations owed to David Levy Diamonds LLC by the herein named (customer). Additionally, I assume personal responsibility for all memorandums and invoices issued to (customer) or transactions performed by any and all employees / representatives of (customer).**

Signature of Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_