



IDOR Diamonds, Inc.
Diamond cutters & Imports
29 East Madison Street,
Suite 1317
Chicago, IL 60602
Tel: 312 960-1818
Fax: 312 960-9603
Email: idan@idordiamonds.com

APPLICATION FOR CREDIT (From IDOR Diamonds)

DATE: _____

FIRM NAME _____ ADDRESS _____
CITY _____ STATE/ZIP _____ TEL _____
FAX _____ E-MAIL ADDRESS _____

TYPE OF BUSINESS: RETAIL / WHOLESALE / MFG / INDIVIDUAL / PARTNERSHIP / CORP / FAMILY/ OTHER _____
JBT LISTED: Y / N IN BUSINESS SINCE _____ AMOUNT OF CREDIT DESIRED \$ _____
DIAMOND BUYER _____ BOOK KEEPER _____
OPERATING HOURS: DAYS OF THE WEEK _____ HOURS _____

BANK AND INSURANCE INFO

INSURED BY _____ CONTACT _____ TEL _____
BANK NAME _____ BANK OFFICER _____
ADDRESS _____ CITY _____ STATE/ZIP _____
TEL _____ ACCOUNT NO. _____

OWNER INFO

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
HOME ADDRESS _____ CITY _____ STATE/ZIP _____
HOME TEL _____ S.S.# _____ D.L.# _____

IT IS UNDERSTOOD AND AGREED THAT PAYMENTS RECEIVED BEYOND TERMS STATED ON OUR INVOICES WILL BE SUBJECT TO LATE CHARGES.
AS A FURTHER INDUCEMENT TO EXTEND CREDIT I/WE AGREE THAT IN THE EVENT SUIT IS BROUGHT ON ANY OBLIGATION HEREAFTER OWED BY
ME/US TO YOU THAT I/WE WILL PAY (1) REASONABLE ATTORNEY'S FEES AND NECESSARY COLLECTION COSTS INCURRED BY YOU IN COLLECTING
THE SAID OBLIGATION (2) COLLECTION AGENCY COSTS OR COLLECTION COSTS EVEN IF SUIT IS NOT INSTITUTED.

I, HEREBY PERSONALLY GUARANTEE THE OBLIGATION OF THE ABOVE APPLICANT _____
Owner or Officer Only

OWNER SIGNATURE _____ DATE _____

CREDIT REFERENCES

1. COMPANY _____ CONTACT _____
TEL _____ FAX _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
2. COMPANY _____ CONTACT _____
TEL _____ FAX _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
3. COMPANY _____ CONTACT _____
TEL _____ FAX _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

Please Fax this form back to 312-960-9603 so that we may process your order promptly.