



Fax: (312) 236-9695
www.atlanticdiamond.net

Account Manager _____

BUSINESS INFORMATION:

Name of Business:		
Legal Name (if different)		
Address:		
		Suite/Building
City:	State:	Zip:
Federal Identification#:		
Business Phone:	Business Fax:	
E-mail:	Web Site:	

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS:

Name:	Social Security#:
Address:	
City,State,Zip:	Phone:
Name:	Social Security #:
Address:	
City,State,Zip	Phone:

Authorized Buyers if other than Owner:

BANK REFERENCES:

Bank Name:	Contact Person:
Address:	
City,State,Zip:	Branch:
Phone:	Account#:

TRADE REFERENCES:

Company Name:	
Address:	
City,State,Zip	Phone:
Company Name:	
Address:	
City,State,Zip:	Phone:
Company Name;	
Address:	
City,State,Zip:	Phone:

*Signing this application gives Atlantic Diamond Co. express permission to obtain business and personal credit information.

In consideration of credit extended, I/We personally guarantee full and prompt payment according to terms granted of all invoices rendered. All past due indebtedness shall be subject to interest at maximum rate allowed by law until paid. If My/Our account is placed in the hands of an attorney for collection, or if collection is made through bankruptcy or probate proceedings, I/We agree to pay reasonable amount in attorney's fee on both the principal and interest charge. All charges are due and payable in full at 5 S. Wabash Ave, Suite 818 Chicago, IL 60603. It is agreed that venue for any legal action or suits shall be Chicago, Cook County, IL and the laws of Illinois shall have jurisdiction in such actions or suits. Notwithstanding billing agreements, the undersigned accept personal liability as insurer of the items received and guarantees payment of purchase price set forth above. I/We agree to furnish financial information or statements as requested. I/We verify that all information is true and correct.

X

SIGNATURE

DATE

Open Account Form

Mail to: Atlantic Diamond Co
 5 South Wabash Ave – STE 818
 Chicago, IL 60603



atLantic diamond company

PHONE: 312-236-8521 FAX: 312-236-9695 TOLL: 888-232-3426
5 South WABASH AVE. SUITE 818 CHICAGO, IL 60603

Terms and Policies

- 1. Memo is issued for 7 days. (excludes 60-90 day jewelry programs)**
- 2. Invoice terms are net 30 days from the original memo date.**
- 3. Receive 1% off if invoice is paid within 10 days of the original memo.**
- 4. Any refused USPS/UPS shipments are the responsibility of the refusing customer.**
- 5. Free 2nd day delivery. Priority Overnight is \$35. Saturday delivery is \$45.**

To receive our 1% discount, the payment needs to be in our office within the 10 days of original memo date.

Under no circumstance will it be accepted if the payment is received past the 10th day deadline.

**I AGREE TO THE ABOVE TERMS AND
POLICIES:**

Customer Signature _____

Date _____

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