

Please Remember to sign and date this form upon completion. Phone: **1-888-232-3426**
Visit 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:

Email:

Web Site:

Have you established an AML Program, in accordance to USA Patriot Act?

Billing Email:

Yes No

If no, Why? (Please explain):

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name:

Social Security#:

Address:

City,State,Zip:

Phone:

Name:

Social Security #:

Address:

City,State,Zip:

Phone:

Authorized Buyer(s) if other than Owner:

BANK REFERENCES

Bank Name:

Contact Person:

Address:

City,State,Zip:

Branch:

Phone:

Account#:

TRADE REFERENCES: PREFERABLY DIAMOND REFERENCES

Firm Name:

City/State:

Phone #:

Terms and Policies

1. Memo is issued for 7 days.
2. Any refused USPS/UPS shipments are the responsibility of the refusing customer.
3. The contents of the packages may have been drop-shipped from a retailer. The recipient is responsible for all discrepancies not reported immediately upon receipt.
4. Invoice terms are NET 30 DAYS, paid in full, **from original memo/consignment date**. 2% per month will be added to late pays and/or for longer term requests.
5. Original certificates will be mailed upon full payment. We accept Checks, Visa, MC, Amex, and Bank Wire Transfer. (3.6% processing fee applied to any credit card)
6. Free 2nd day delivery. Priority Overnight is \$35. Saturday delivery is \$45.

*Signing this application gives Atlantic Diamond Company 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 the 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 a reasonable amount in attorney's fees on both the principal, interest charge, and fees. All charges are due and payable in full at 111 North Wabash Ave Suite 1909, Chicago, IL 60602. It is agreed that venue for any legal action or suits shall be Chicago, Cook county, Illinois and the laws of the State of Illinois shall have jurisdiction in such actions or suits. Notwithstanding billing agreements, the undersigned accepts personal liability as insurer of the items received and guarantees payment of the purchase price set forth above. I/We agree to furnish financial information or statements as requested. I/We verify that all information supplied is true and correct.

X

Authorized Signature

Printed Name

Date

Please email completed form to mike@atlanticdiamond.net