



**LAB GROWN DIAMONDS**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
JBT ID#	Govt. issued Id or Tax ID #		

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid as per agreed terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Alpha Lab Grown Diamonds to make inquiries into the banking and business/trade references that you have supplied.
4. Alpha Lab Grown Diamonds has an established AML Program (Anti Money Laundering program). It is requirement of Alpha Lab Grown Diamonds
5. that all customers have established an AML program.

**SIGNATURES**

Title:	Title:
Date:	Date:

