



185 Jefferson Blvd • Warwick, RI 02888 • (401) 736-2100 • Fax (401) 736-2110

CONFIDENTIAL CREDIT APPLICATION
USA PATRIOT ACT COMPLIANCE INFORMATION

Company Name _____ Fed Tax ID # _____

Billing Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Shipping Address _____ City _____ State _____ Zip _____

Type of Business _____ Date Established _____

Type of Entity: Proprietorship _____ Partnership _____ Corporation _____ Other _____

If incorporated: State of incorporation _____ Year of incorporation _____

Key Management Members and Owners _____ Title _____

Blank lines for additional key management members and owners.

Bank _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax Number _____ Officer _____

TRADE REFERENCES

Please list your most important jewelry suppliers. Please DO NOT list diamond or gemstone suppliers.

1. Name: _____ Phone: _____

City: _____ State: _____ Fax: _____

2. Name: _____ Phone: _____

City: _____ State: _____ Fax: _____

3. Name: _____ Phone: _____

City: _____ State: _____ Fax: _____

4. Name: _____ Phone: _____

City: _____ State: _____ Fax: _____

The above information is provided for the purpose of extending credit to our company and establishing compliance with the USA PATRIOT ACT. We certify that the above information is accurate and complete and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature _____ Title _____ Date _____

Failure to complete all fields accurately may result in the delay or denial of the credit you seek.



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CONFIDENTIAL CREDIT APPLICATION (continued)

USA PATRIOT ACT COMPLIANCE INFORMATION

Registered Company Name _____

Trading Name if different (d/b/a) _____

Physical Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

SELECT ONE OF THE FOLLOWING:

We have a written anti-money laundering program (AML) that complies with the interim final rule under the USA PATRIOT Act and Bank Secrecy Act.

Name of Compliance Officer: _____

We are exempt from complying with the AML, for the following reason.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature _____

Print Name: _____

Title _____

Date _____