

June 5, 2009

A&Z HAYWARD COMPANY

655 Waterman Ave., East Providence, RI 02914 - 401-438-0550 FAX 401-438-6970

YOUR COMPANY INFORMATION

Credit Application - To insure prompt consideration, please furnish all requested information

Legal Company Name _____

Business Trade Name _____

Billing Address (City, St., Zip) _____

Shipping Address (City, St., Zip) _____

Telephone Number _____ Fax Number _____

email _____

A/P Contact Name _____ Buyer's Names _____

Status- New Account Request Application Update C/L Increase Request COD Company Check

Business Type- Jewelry Store Other _____

Ownership- Corporation Partnership Sole Proprietorship Sub-Chapter S

Year Established _____ Federal Tax ID# _____

Imprint Die (art to follow) yes \$30.00 no

Names & Titles of Principal Owners or Officers:

1) _____

3) _____

2) _____

4) _____

The individual signing below (the "buyer") personally guaranties the payment of all debts incurred on behalf of the named applicant to A&Z Hayward, and further indicates acceptance of the following: Buyer agrees to pay in accordance with the terms listed on each invoice. A&Z Hayward reserves the right to charge a finance fee of one and one half percent for each thirty day period, or part thereof, for any invoice that is past due. Buyer agrees to pay all collection fees, reasonable attorney fees, court costs and expenses incurred by A&Z Hayward associated in collecting any unpaid invoices. Signature below also serves as our authorization to release information regarding our account histories for the purpose of the extension of trade credit.

X _____			
Owner/Officer Signature	SSN	Print Name and Title	Date

Please indicate at least three trade references that we may contact:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allison Kaufman Co. | <input type="checkbox"/> Fisher Le Stage | <input type="checkbox"/> Quality Gold |
| <input type="checkbox"/> Art Carved, Inc. | <input type="checkbox"/> Imperial Pearl | <input type="checkbox"/> Simon Golub |
| <input type="checkbox"/> Aurafin Corp. | <input type="checkbox"/> Landstrom's | <input type="checkbox"/> Speidel |
| <input type="checkbox"/> Carla Corp. | <input type="checkbox"/> Leonore Doskow | <input type="checkbox"/> Stampers |
| <input type="checkbox"/> Leslie's | <input type="checkbox"/> Stucky | <input type="checkbox"/> Stuller <u>Acct. #</u> _____ |
| | <input type="checkbox"/> Marathon Company | <input type="checkbox"/> Other (fill in below) |

Please include other reference's name, address, phone AND fax (if not included above):