



# Michael Gross Diamonds, Inc.

15 West 47<sup>th</sup> Street  
Suite 1300  
New York, NY 10036

Phone: 212-730-9700  
Fax: 212-730-9771  
michael@michaeldiamonds.com

NAME OF BUSINESS \_\_\_\_\_

NAME OF OWNER/S \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS (IF DIFFERENT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

ARE YOU LISTED WITH THE: JBT? YES/NO JBT # \_\_\_\_\_ D&B? YES/NO

ARE YOU A MEMBER OF THE N.Y. DIAMOND DEALERS CLUB? YES/NO

TAX ID # \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHECK ONE:  INDIVIDUAL  PARTNERSHIP  CORPORATION

HOW LONG HAVE YOU BEEN IN BUSINESS UNDER THIS COMPANY NAME? \_\_\_\_\_

DO YOU CURRENTLY OPERATE UNDER ANY OTHER NAMES? \_\_\_\_\_  
(IF YES PLEASE LIST ON A SEPARATE SHEET)

KEY EMPLOYEES: DIAMOND BUYER \_\_\_\_\_ MANAGER \_\_\_\_\_

BOOKKEEPER \_\_\_\_\_ ASST. MANAGER \_\_\_\_\_

MICHAEL GROSS DIAMONDS SALES REP. WITH WHOM YOU SPOKE: \_\_\_\_\_

PLEASE SUPPLY FOUR ACTIVE JEWELRY TRADE REFERENCES: (PREFERABLY DIAMOND SUPPLIERS)

1) COMPANY NAME \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

2) COMPANY NAME \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

3) COMPANY NAME \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

4) COMPANY NAME \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_



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## BANK INFORMATION:

NAME OF BANK \_\_\_\_\_ BANKER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ CHECKING ACCT # \_\_\_\_\_

IF THIS ACCOUNT HAS BEEN OPEN FOR THREE YEARS OR LESS, PLEASE ADD YOUR PREVIOUS BANK INFORMATION AS WELL.

DO YOU HAVE A MONEY MARKET OR ANY OTHER ACCOUNT THAT YOU WANT US TO CONSIDER AS PART OF THIS APPLICATION? \_\_\_\_\_

DO YOU HAVE A LINE OF CREDIT WITH A BANK? \_\_\_\_\_

IF YES, WHICH BANK? \_\_\_\_\_

HOW MUCH CREDIT? \_\_\_\_\_ LOAN ACCT # \_\_\_\_\_

I AUTHORIZE THE ABOVE BANK TO RELEASE INFORMATION REGARDING MY BUSINESS ACCOUNTS.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

THE UNDERSIGNED EXPRESSLY AGREES THAT IF THE ABOVE ACCOUNT BECOMES DELINQUENT AND FORCED TO BE PLACED IN THE HANDS OF AN ATTORNEY, AN ATTORNEY'S FEE OF 25% WILL BE DUE IN ADDITION TO THE PRINCIPAL SUM AND A DELINQUENT ACCRUED FINANCE CHARGE OF 1.5% PER MONTH. THE UNDERSIGNED WHO DESIRES TO DO BUSINESS WITH MICHAEL GROSS DIAMONDS INC. AGREES THAT IF A LAWSUIT IS NECESSARY TO COLLECT MONEY OWED TO MICHAEL GROSS DIAMONDS INC. THAT THE VENUE OF THE LAWSUIT WILL BE IN THE STATE OF NEW YORK AND THAT THE STATE OF NEW YORK WILL HAVE JURISDICTION OVER THE SUBJECT MATTER AND ALSO OVER THE PARTIES TO THE LAWSUIT. THE UNDERSIGNED AGREES TO ACCEPT SERVICE OF PROCESS IN ANY LEGAL ACTION BY REGULAR MAIL TO THE LAST KNOWN ADDRESS ON FILE.

PERMISSION IS HEREBY GRANTED FOR MICHAEL GROSS DIAMONDS INC. TO OBTAIN COMPANY CREDIT REPORTS IN CONNECTION WITH THIS PROPOSED ACCOUNT.

SIGNED BY \_\_\_\_\_ PRINT \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## PERSONAL GUARANTEE

I \_\_\_\_\_ PERSONALLY GUARANTEE THE PAYMENT OF ALL SUMS THAT \_\_\_\_\_ (HEREAFTER CALLED "THE COMPANY") NOW OR HEREAFTER OWES MICHAEL GROSS DIAMONDS INC. I AGREE TO PAY MICHAEL GROSS DIAMONDS INC. ALL SUCH SUMS. I AGREE THAT MY LIABILITY UNDER THIS GUARANTEE SHALL NOT BE AFFECTED BY ANY CHANGE OF TERMS IN PAYMENT FROM THE COMPANY TO MICHAEL GROSS DIAMONDS INC.

DATED \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # (\_\_\_\_) \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

SIGNATURE OF GUARANTOR (OWNER) \_\_\_\_\_ PRINT \_\_\_\_\_

SSN # \_\_\_\_\_