



30-Day Open Account

Please provide bank information on page two.

Business Name _____

Phone Number (____) _____ Federal Tax ID # _____

Email Address _____ Fax Number (____) _____

Website URL _____

Billing Address _____ Since _____

City _____ State _____ ZIP _____

Shipping Address _____ Since _____

City _____ State _____ ZIP _____

Type of Business _____ # of employees: _____

Officers/Owners Corporation Individual Owner Partnership

Name _____ Title _____ Home Phone (____) _____

Name _____ Title _____ Home Phone (____) _____

Trade References

- Please list suppliers with which your firm has been doing business for at least one year on open account.
- Do not list suppliers who sell to you on a cash or COD basis.
- **Fax numbers WILL speed processing.**

Name _____ Name _____ Name _____

Account # _____ Account # _____ Account # _____

Phone _____ Phone _____ Phone _____

Fax _____ Fax _____ Fax _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State _____ ZIP _____ State _____ ZIP _____ State _____ ZIP _____

Read carefully before signing:

I agree to keep within your credit terms if granted an open account. Should this account become past due, I agree to pay a monthly service charge and/or finance charge at the current maximum legal rate of interest. Should this account become delinquent and it is necessary to employ an attorney or collection service to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney's fee or collection service fee as well as any cost of such suit needed to collect any past due bill. I agree that principal and interest due on this account shall be paid in lawful money of the United States of America. The undersigned personally guarantees payment of any amount due to NWJS, Inc, d/b/a/ Rings & Things.

Signature _____ Title _____ date _____



30-Day Open Account

Many banks require your original signature to release information.

Please provide information about your financial institution on this page.

Bank _____ Branch _____ Fax (_____) _____
 _____ Address _____ City _____ State _____
 _____ ZIP _____ Account # _____ Officer's name _____

I hereby authorize our bank to release any information necessary to Rings & Things to assist in establishing a line of credit.

Signature _____ Title _____ Date _____
 Business name _____

This bank form must be filled out and signed in order for us to process your application