



Credit Application Form

Legal Name: _____

Trade Name: _____

Contact Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____

email: _____

HST NUMBER: _____

Years in Business: _____ years

Company Type:

Proprietorship Partnership Incorporation Division
(Proprietorships & Partnerships, please fill out credit investigation form)

Commercial Property Information:

Owned Rented

Bank Information:

Bank: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Trade References: (Name, Address, Tel, Fax, Contact Name)

1. _____

2. _____

3. _____

Opening Order Amount: _____ Payable Contact Name: _____

Are you covered by a Jewellery insurance block policy? _____

Name of Insurance Company: _____

Please fax back to 416-777-1962 OR Email to info@brilliantcdiamonds.com

Signature

Date

Thank You for your business.

27 Queen Street East, Suite 1402, Toronto, Ontario, M5C 2M6
Tel: 416.777.2929 Fax: 416.777.1962 Toll Free: 800.773.0472