



37 West 47th Street, Suite 506
 New York, NY 10036
 TEL: (800)DIA-STUDS
 FAX: (888)741-4911
 SALES@DIASTUDS.COM

Company Information Form

The USA Patriot Act, and Bank Secrecy Act legally obligates Diastuds, Inc. to keep the following information on organizations that we have done business with. We kindly ask you to fill out this form and return to us by fax to (888)741-4911 or e-mail to sales@diastuds.com

Type of Organization

Legal Name

DBA, If applicable

Company Address

City State Zip Code

Mailing Address

City State Zip Code

Company Phone Company Fax

Company Email

Company Website

Federal Tax Identification Number or SSN

Year Company was established

Name of Owner/Principles

Account Payable Contact

Trade Organizations (JBT, AGTA)

Bank Name

Bank Address

Bank Phone

Bank Account Rep.

Is this company AML (anti-money laundering) compliant pursuant to the USA Patriot Act? YES NO

If No, Why?

If Yes, Name of Compliance Officer

I certify that the above information is true and correct and I am willing to provide any necessary documentation to confirm the above upon request.

SIGNATURE

PRINT NAME

TITLE

DATE



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CREDIT APPLICATION/AGREEMENT

PLEASE COMPLETE FORM, SIGN AND RETURN VIA FAX TO +1(888)741-4911 OR EMAIL TO SALES@DIASTUDS.COM. KINDLY FILL IN ALL FIELDS IN ORDER FOR DIASTUDS, INC. TO CONSIDER YOUR REQUEST FOR CREDIT. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

BUSINESS NAME	<input type="text"/>	TAX ID NO.	<input type="text"/>
OWNER'S NAME	<input type="text"/>	YEARS IN BUSINESS	<input type="text"/>
BUSINESS ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
	ZIP CODE	<input type="text"/>	
	Country	<input type="text"/>	
PHONE	<input type="text"/>	FAX	<input type="text"/>
	MOBILE	<input type="text"/>	
EMAIL ADDRESS	<input type="text"/>		
FORM OF BUSINESS	<input type="text"/>	NO. OF BRANCHES	<input type="text"/>
	J.B.T. ID	<input type="text"/>	

BANK REFERENCE

BANK NAME	<input type="text"/>	ACCOUNT NO.	<input type="text"/>
ADDRESS	<input type="text"/>	ACCOUNT REP.	<input type="text"/>
PHONE	<input type="text"/>		

TRADE REFERENCES

PLEASE PROVIDE AT LEAST FOUR COMPANIES THAT YOU HAVE DONE BUSINESS WITH IN THE LAST SIX MONTHS. IF POSSIBLE, LIST COMPANIES IN THE JEWELRY INDUSTRY.

1	COMPANY NAME	<input type="text"/>	TYPE OF BUSINESS	<input type="text"/>
	ADDRESS	<input type="text"/>	CITY	<input type="text"/>
		STATE	<input type="text"/>	ZIP CODE
		<input type="text"/>		<input type="text"/>
	CONTACT PERSON	<input type="text"/>	PHONE	<input type="text"/>
		<input type="text"/>	FAX	<input type="text"/>
		<input type="text"/>		<input type="text"/>
2	COMPANY NAME	<input type="text"/>	TYPE OF BUSINESS	<input type="text"/>
	ADDRESS	<input type="text"/>	CITY	<input type="text"/>
		STATE	<input type="text"/>	ZIP CODE
		<input type="text"/>		<input type="text"/>
	CONTACT PERSON	<input type="text"/>	PHONE	<input type="text"/>
		<input type="text"/>	FAX	<input type="text"/>
		<input type="text"/>		<input type="text"/>
3	COMPANY NAME	<input type="text"/>	TYPE OF BUSINESS	<input type="text"/>
	ADDRESS	<input type="text"/>	CITY	<input type="text"/>
		STATE	<input type="text"/>	ZIP CODE
		<input type="text"/>		<input type="text"/>
	CONTACT PERSON	<input type="text"/>	PHONE	<input type="text"/>
		<input type="text"/>	FAX	<input type="text"/>
		<input type="text"/>		<input type="text"/>
4	COMPANY NAME	<input type="text"/>	TYPE OF BUSINESS	<input type="text"/>
	ADDRESS	<input type="text"/>	CITY	<input type="text"/>
		STATE	<input type="text"/>	ZIP CODE
		<input type="text"/>		<input type="text"/>
	CONTACT PERSON	<input type="text"/>	PHONE	<input type="text"/>
		<input type="text"/>	FAX	<input type="text"/>
		<input type="text"/>		<input type="text"/>

I, the undersigned, affirm that the information provided above is true and correct and authorize Diastuds, Inc. to obtain credit information about the applicant. I, the undersigned, hereby agree that Diastuds, Inc. is due and payable at its principal location in New York City, New York, and that this application serves as an agreement for the sales of goods and services. I, the undersigned, understand and agree to the following; the terms of sale are net thirty (30) days on approved accounts, all billing disputes must be reported within thirty (30) days of receipt of statement, a finance charge of 1 1/4 % will be charged on all past due accounts, any payments or credits will be applied to finance charges before being applied to the oldest invoice(s), returned checks are subject to \$50 processing fee, and failure to comply with these terms will result in loss of credit privileges without notice. I, the undersigned, understand and agree that I shall be held responsible for all of Diastuds, Inc.'s collection costs and legal fees incurred in connection to any delinquent amounts. I, the undersigned, understand and agree that this application and all purchase orders accepted by Diastuds, Inc. shall be deemed to be a contract made, and to be performed, in the City of New York, New York and constructed in accordance with the laws of the State of New York. The laws of the state of New York shall be applicable to all suits arising under any agreement between the undersigned and Diastuds, Inc. We, separately or severally, corporately or individually agree to the terms and conditions listed as set forth by this agreement.

SIGNED BY (OWNER OR OFFICER ONLY)	PRINT NAME	TITLE	DATE
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PERSONAL GUARANTY

I, , guarantee the payment of all sums that

(hereafter called "The Company") now or hereafter owe Diastuds, Inc. Should The Company default in payment of any sums due and payable to Diastuds, Inc., I agree to pay Diastuds, Inc. all such sums. I agree that my liability under this Guaranty shall not be affected by any change in terms of payment from The Company to Diastuds, Inc.

Signature of Guarantor

Dated

Home Phone

Home Address

City

State

Zip Code

SSN

Please complete application and return to Diastuds, Inc.

Mail to:
Diastuds, Inc.
37 West 47th Street, Suite 506
New York, NY 10036

Fax to:
(888)741-4911 or (212)741-4911

Email to:
SALES@DIASTUDS.COM