

QUALITY GOLD, INC.

ACCOUNT APPLICATION/CREDIT AGREEMENT

Remit to: Quality Gold Credit Dept., P.O. Box 18490, Fairfield, OH 45018-0490

Fax: (513) 642-2449 Email: newaccounts@qgold.com

Name: _____ Date Business Established: _____

Title: _____ Business Telephone Number: _____

Company: _____ Business Fax Number: _____

Business Address: _____ Business E-mail Address: _____

City, State & Zip: _____ Alternate Phone: _____

Mailing Address (If different): _____ Website: _____

City, State & Zip: _____

Federal ID Number: _____ Jewelers Board of Trade ID Number: _____

Trade References (excluding watch companies)

Name: _____

Address: _____

City, State & Zip: _____

Account # _____ Fax #: _____

Name: _____

Address: _____

City, State & Zip: _____

Account # _____ Fax #: _____

Name: _____

Address: _____

City, State & Zip: _____

Account # _____ Fax #: _____

Type of Business

Retail _____

Wholesale _____

Dept. Store _____

Other: Explain _____

Type of merchandise sold _____

Organizational Structure

Corporation _____

Partnership _____

Sole Proprietorship _____

What type of account are you applying for?

C.O.D Account Under \$3,000

Visa* \$3,001-\$6,000

MasterCard* \$6,001-\$10,000

Discover* Over \$10,000

If your application is accepted, you agree to pay any amount due to **Quality Gold** and unpaid within THIRTY (30) DAYS from the date of billing (in which case no finance charge will accrue). THIRTY (30) DAYS after the date of accrual of any charges on your account, a FINANCE CHARGE based on a monthly periodic rate of 2% (resulting in a corresponding ANNUAL PERCENTAGE RATE of 24%) will be applied to compute the "adjusted balance" of your account. We obtain the "adjusted balance" by taking the balance you owe at the beginning of the previous billing cycle (the "Previous Balance") as shown on your last monthly statement and subtracting any payments or credits to your account received during billing cycle. NO FINANCE CHARGE is assessed for a billing cycle in which there is no "Previous Balance." You may at any time pay the total amount ("Amount Due") on your account and thereby avoid any further FINANCE CHARGE.

You agree if the company does not pay its balance in a timely fashion, the Applicant will be personally liable for and guarantee the payment of the company's outstanding balance.

You also agree that if you do not pay your balance in a timely fashion, and Quality Gold must incur legal fees to recover any amounts which you owe to Quality Gold, these fees will be charged to your account and you will be liable for payment of them.

*Credit Cards accepted at the time of order.

By signing this Application, you agree to the terms contained herein and permit Quality Gold to investigate your credit history and verify the information you have provided. Application must be completed in full to be processed.

Date

Applicant's Signature

Name

Title

Please provide a COPY of your Retail Sales Tax Permit, Vendor's License, or other evidence that you are approved for retail sales in your STATE.

BLANKET CERTIFICATE OF EXEMPTION

The undersigned claims exemption to purchases of tangible personal property purchased from Quality Gold, Inc. and certifies that this claim is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both as shown here:

(Purchaser must state statutory reason for claiming exception or exemption)

Resale

Other

This certificate shall continue in force until revoked and shall be considered a part of each order given to the below named vendor unless the order specifies otherwise.

Company Name: _____

Title: _____

Street Address: _____

City, State & Zip: _____

Signed: _____

Date: _____

Vendor's License or Tax ID Number: _____

Provide a copy of your State Vendors License, Business Certificate of Registration, etc.

IDENTIFICATION AND VERIFICATION FORM (TO COMPLY WITH THE USA PATRIOT ACT)

For additional information regarding this form, go to www.jvclegal.org. Or call **(212) 997-2002**

In order to complete our compliance obligation, we are required to under our policy and program to acquire the following identifying information for ALL our business partners and customers. Please provide the following identifying information.

You may complete this form and fax it back to the following number: **(513) 642-2449** or email to **newaccounts@qgold.com**.

Registered Legal Name: _____

Trade Name (if different): _____

Registered Legal Address: _____

Business Address (if different): _____

Postal Address: (if different): _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Website Address: _____

Directors of the Company: _____

Owners of the Company (if different): _____

Federal Tax ID Number: _____

Resale Certificate Number: _____

Government License Number: _____

YES - We have or will be instituting an AML Program.

NO - We will not institute an AML Program due to our status as an "exempt" retailer or other industry.

Signature of person filing out form

Title

Date

By signing, I confirm that the above details are true and correct.