



REGISTRATION FORM

COMPANY INFORMATION

Company Name: _____

DBA Name: _____

Business Address: _____

City: _____

State: _____ Zip: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Shipping Address: _____

City: _____

State: _____ Zip: _____

Email ID: _____

Phone No: _____

Fax No: _____

Website: _____

Federal Tax ID: _____

JBT ID No: _____

Type of Business: _____

Company Structure: _____

Bank Name: _____

Bank Address: _____

A/C No: _____

ACCOUNTS

Prefix: _____

Last Name: _____

First Name: _____

Job Title: _____

Email ID: _____

Phone No: _____

Cell No: _____

PRIMARY CONTACT INFORMATION

Prefix: _____

Last Name: _____

First Name: _____

Job Title: _____

Email ID: _____

Phone No: _____

Cell No: _____

SECONDARY CONTACT INFORMATION

Prefix: _____

Last Name: _____

First Name: _____

Job Title: _____

Email ID: _____

Phone No: _____

Cell No: _____

COMPANY INFORMATION

- What best describes the place where the majority of your sales occur?

- What best describes your business?

- What all kind of jewelry is sold most by you?

- What is the USP of your business?

TRADE REFERENCES

Reference I

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Account No: _____ JBT ID No: _____

Contact Name: _____ Phone No: _____

Reference II

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Account No: _____ JBT ID No: _____

Contact Name: _____ Phone No: _____

Reference III

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Account No: _____ JBT ID No: _____

Contact Name: _____ Phone No: _____

----- (To be filled by Orefice Jewels Inc.) -----

LOGIN INFORMATION

Username: _____

Password: _____

At least 8 characters long; Include 1 uppercase, 1 lowercase, 1 number

Confirm Password: _____

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

NAME: _____ DESIGNATION: _____

DATE: _____