



AMERICA'S  
DIAMOND  
SPECIALIST  
MEMO • STOCK

Phone: 1-800-874-8768

Fax: 1-866-883-4024

www.rdidiamonds.com

**Open Account Form**

Mail to:

RDI Diamonds

3101 West Ridge Road - Second Floor  
Rochester, New York 14626

Business Information:	
Name of Business:	
Legal Name (if different):	
Address:	
Suite/Building:	
City, State, Zip:	
Federal Identification #:	
Business Phone:	Business Fax:
E-mail:	Web Site:

Company Principals Responsible for Business Transactions:	
Name:	Social Security #:
Address:	
City, State, Zip:	Phone:
Name:	Social Security #:
Address:	
City, State, Zip:	Phone:
Authorized Buyers if other than Owner:	

Bank References:	
Bank Name:	Contact Person:
Address:	
City, State, Zip:	Branch:
Phone:	Account #:

Trade References:			
Firm Name:	Address:	City, State, Zip:	Phone #:

\*Signing this application gives RDI Diamonds express permission to obtain business and personal credit information.

In consideration of credit extended, I/We personally guarantee full and prompt payment according to terms granted of all invoices rendered. All past due indebtedness shall be subject to interest at the maximum rate allowed by law until paid. If My/Our account is placed in the hands of an attorney for collection, or if collection is made through bankruptcy or probate proceedings, I/we agree to pay a reasonable amount in attorney's fees on both the principal and interest charge. All charges are due and payable in full at 3101 W. Ridge Rd., 2nd Floor, Rochester, NY 14626. It is agreed that venue for any legal action or suits shall be Rochester, Monroe County, NY and the laws of the State of New York shall have jurisdiction in such actions or suits. Notwithstanding billing agreements, the undersigned accepts personal liability as insurer of the items received and guarantees payment of the purchase price set forth above. I/We agree to furnish financial information or statements as requested. I/We verify that all information supplied is true and correct.

**X**

Signature

Name (please print)

Date



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# Terms and Policies

Please complete, sign and return this form to us.

1. Memo is issued for five days
2. Invoice terms are net 30 from the original memo date
3. Receive 2% off if invoice is paid within 10 days of the original memo date. This excludes credit and debit card payments. This discount only applies if the payment is in our office within 10 days of the original memo date. Under no circumstances will the discount be applied if payment is received in our office more than 10 days from the original memo date.
4. Any refused shipments are the responsibility of the refusing customer.

Store name: \_\_\_\_\_ Federal tax ID: \_\_\_\_\_

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed form to: 1-866-883-4024**

