

# E.C.I., Inc.

FINE JEWELRY • DIAMONDS

P.O. Box 3545  
Apollo Beach, FL 33572  
Fax 813.641.1818

813.875.2155

Date \_\_\_\_\_

Re: Application for credit

In order to complete the processing of your credit application, we will need your signature authorizing your bank to release credit rating information to our company. Please sign and date where indicated on the lines in this letter. Information from the bank will be held in strict confidence.

Thank you,  
Credit Department

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I authorize my bank to release information concerning my credit rating to **E.C.I., Inc.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Account No. \_\_\_\_\_

Account No. \_\_\_\_\_

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TO BE FILLED OUT BY BANK

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Date account opened \_\_\_\_\_

Account balance \_\_\_\_\_

Average monthly balance \_\_\_\_\_

Bank rating of account \_\_\_\_\_

Any history of NSF checks \_\_\_\_\_

Other comments \_\_\_\_\_

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Bank officer's name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**BANK RELEASE**

# E.C.I., Inc.

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## FOR OFFICE USE ONLY

Account No. \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

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Name \_\_\_\_\_ Resale No \_\_\_\_\_

Company Name \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Business Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

JBT No \_\_\_\_\_ DBA No. \_\_\_\_\_

### BUSINESS INFORMATION:

Type of Business: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Partner(s) Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Personal References \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Company Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Accounts No. Checking \_\_\_\_\_ Savings \_\_\_\_\_

### CREDIT REFERENCES

(1) Supplier Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(2) Supplier Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(3) Supplier Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

The person responsible for payments \_\_\_\_\_

There is a 1.5% service charge on past due balances.

IMPORTANT: Read carefully before completing this application. In consideration of your opening a line of credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with **E.C.I., Inc.'s** terms of sale. If, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay 1.5 % interest on past due portions of the account. Should **E.C.I., Inc.** incur collection costs for any amount under this agreement, the undersigned promises to pay such additional collection costs, including reasonable attorney's fees.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

CREDIT APPLICATION