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:			
City, State & Zip:	Business E-mail Address: .	Business E-mail Address:	
Mailing Address (If different):	Alternate Phone:		
City, State & Zip:	Website:		
Federal ID Number:	Jewelers Board of Trade	ID Number:	
Trade References (excluding watch companies)	Type of Business	Organizational Structure	
Name:	Retail	Corporation	
Address:	Wholesale	Partnership	
City, State & Zip:	Dept. Store	Sole Proprietorship	
Account #: Fax #:	Other: Explain		
Name:			
Address:	Type of merchandise sold		
City, State & Zip:			
Account #: Fax #:			
	What type of account are you applying for?		
Name:	C.O.D. Account	Net 30 Term Account	
Address:			
City, State & Zip:	Quality Gold accepts Vis		
Account #: Fax #:			

In your application is decerpted, you agree to pay any amount due to **actually or a** and any active and any active memory for the memory of the memory of the active 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 ("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.

By making this application and receiving trade credit the company/applicant consents to, affirms and ratifies the electronic signature below and agrees to do business electronically. The undersigned further consents to the exclusive jurisdiction and venue of Butler County, Ohio or the Southern District of Ohio of any dispute that may arise.

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.

Applicant's Signature

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:	

Please provide a <u>COPY</u> of your <u>STATE</u> issued Retail Sales Tax Permit

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

For additional information regarding the Patriot Act, 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:

YOU MUST CHOOSE ONE OF THE FOLLOWING:

- YES We have or will be instituting an AML Program. { Retailers must institute an AML program if they (A) Have a Foreign supplier, (B) Purchase precious metals or stones from the public, (C) Purchase from Government auctions, or (D) Purchase from Estate sales. }
- NO We will not institute an AML Program due to our status as an "exempt" retailer or other industry. { A retailer is exempt from AML if they only purchase from U.S. Suppliers who are AML compliant. }

Signature of person filing out form

Title

Date

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