



Once signed please scan and e-mail to:

info@kismetjewelsnyc.com

Tel:+1609.666.8452

Kismet Jewels NYC

37 W 47th St, Ste

803A New York,

NY 10036

Tel:+1609.666.8452

E-mail:info@kismetjewelsnyc.com

[www.kismetjewelsnyc.com](http://www.kismetjewelsnyc.com)

## CREDIT REFERENCE CHECK FORM

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COMPANY NAME:	<input type="text"/>
HIGHEST AMOUNT OF CREDIT EXTENDDD TO THE SUBJECT:	<input type="text"/>
HOW LONG HAVE YOU BEEN DEALING WITH THE COMPANY:	<input type="text"/>
AMOUNT CURRENTLY OWED BY THE COMPANY:	<input type="text"/>
AMOUNT PAST DUE:	<input type="text"/>
: PAYMENT TREND OF THE SUBJECT:	FREQUENTLY : <input type="checkbox"/> INFREQUENTLY : <input type="checkbox"/>
: DATE OF LAST PURCHASE:	<input type="text"/>
TERMS BY WHICH THE CUSTOMER IS BEING SOLD:	<input type="text"/>
ANY NSF CHEKCS:	<input type="text"/>

**I certify that the above information is correct.**

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