



TERMS OF ACCOUNT

- Credit terms may be extended to customers who complete the attached required documentation in its entirety.

Terms of Account and Authorization

Credit Application

Michigan Sales and Use Tax Certificate of Exemption (for business located within the state of Michigan)

Personal Guaranty (if required as explained in the Credit Application)

- Once an account has been established, a credit limit will be assigned. This credit limit may subsequently be increased or decreased to reflect payment history.
- All bills incurred within a given month are due and payable 30 days from the invoice date. If remittance is received in our office within 10 days of the date of invoice, a 2% discount will be applied. A finance charge will be imposed on any amount past due at a rate of 18% per annum, calculated on a daily basis. Orders placed on a past due account will be held until the account is current.
- A \$30 service fee will be charged for checks returned by the bank due to non-sufficient funds.
- See our Return Policy for procedures on returning product in the event of a casting or ordering error.

AUTHORIZATION

I understand and agree to the above policy. I authorize Au ENTERPRISES, INC., to verify the information on the Credit Application, and to receive and exchange information about me, including obtaining credit reports from credit reporting agencies. I authorize you to contact these sources to update information at any time. (If you request, we will tell you the name and address of any credit bureau from which we received a credit report on you.)

Signature of Authorizing Officer

Other Signature

Dated

Dated

Social Security Number

Social Security Number

Please return completed Credit Application to:

Au ENTERPRISES, INC.
 3916 W. 11 Mile Road
 Berkley, MI 48072-1005
 Fax (248) 544-2700



APPLICATION FOR CREDIT

OFFICE USE ONLY

The undersigned hereby agrees that Au Enterprises, Inc. account is due and payable to Au Enterprises, Inc. at its principal office in Berkley, Michigan and that this application serves as an agreement for the sale of goods and/or services.

Name of Business _____

Address (Mailing) _____ City _____ State _____ Zip _____

Address (Shipping) _____ City _____ State _____ Zip _____

Business Phone (____) _____ Cell (____) _____ Fax (____) _____

Do you operate under any other names? _____ If so, please list name and address:

Name _____ City _____ State _____ Zip _____

Name of Owner/Principle(s) _____ Driver's Licence Number _____

Social Security No.(s) _____ Home Phone (____) _____

Owner's Home Address _____ City _____ State _____ Zip _____

Check One: Individual (Proprietorship) Partnership Corporation

How long have you owned this business? _____ State Sales Tax # _____

Have you ever had an account with us before? _____ If so, name and address operated under:

Name _____ City _____ State _____ Zip _____

Requesting:

C.O.D. Company Check Writing _____ limit Open Terms _____ limit Memo Privileges _____ limit

GIVE NAMES AND ADDRESS OF AT LEAST FOUR ACTIVE JEWELRY TRADE REFERENCES:

(Please note we prefer karat gold jewelry suppliers, if you have been in business under this name for less than one year, or have not established sufficient credit history with four trade references, we require the owner or principal stock holder to complete and sign the attached personal guaranty.)

1. Name _____ Phone Number _____

Address _____ Zip _____ Account No. _____

2. Name _____ Phone Number _____

Address _____ Zip _____ Account No. _____

3. Name _____ Phone Number _____

Address _____ Zip _____ Account No. _____

4. Name _____ Phone Number _____

Address _____ Zip _____ Account No. _____

NAME OF BANK _____ Phone Number _____

City _____ State _____ Zip _____ Checking Acct No. _____

The undersigned hereby makes this application for credit to Au Enterprises, Inc. (Creditor), and applicant agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before said date, are then delinquent. It is understood that Creditor may impose and charge a delinquency charge which is the lower of 1.5% per month or the highest rate allowed by law. Additionally, undersigned shall be responsible for all collection costs and attorney's fees in connection with any delinquent amounts. The laws of the state of Michigan shall be applicable to all suits arising under any agreement between the undersigned and Creditor. In the event of litigation, venue shall be in Berkley, Michigan. Certified mail will be sufficient notice to effectuate personal service over the defendant and the defendant agrees to waive citation. Undersigned agrees creditor may apply payments at Creditor's discretion. Person signing application certify all information is true and correct to the best of their knowledge and belief.

Signed by _____ Title _____ Date _____

This credit application cannot be processed unless completed, dated and signed by an officer of the Corporation, partner or owner.



PERSONAL GUARANTY

I, _____
your name

_____ (hereafter called "The Company")
your company name now or hereafter owe Au Enterprises, Inc. Should The Company default in payment of any sums due and payable to Au Enterprises, Inc., I agree to pay to Au Enterprises, Inc. all such sums. I agree that my liability under this Guaranty shall not be affected by any change in terms of payment from The Company to Au Enterprises, Inc.

Signature of Guarantor _____ SS# _____

Dated _____ Home Phone () _____

Home Address (Street) _____

City _____ State _____ Zip _____

Michigan Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.

This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: CHECK ONE OF THE FOLLOWING

- One time purchase
- Blanket certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____.

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made under this certificate from _____ and certifies
(Vendor's Name)
that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

- All items purchased
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

- For Resale at Retail - Sales Tax Registration Number: _____
- For Resale at Wholesale - No Tax Number Required
- For Lease - Use Tax Registration Number: _____
- Agricultural Production ____% - No Tax Number Required (Describe): _____
- Industrial Processing ____% - No Tax Number Required
- Government Entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations (Attach copy of IRS letter ruling).
- Nonprofit Organizations with an Exempt letter from the State of Michigan (Attach a copy of State's letter)
- Multiple Points of Use (claim ONLY for electronically delivered software - purchaser assumes tax payment obligation)
- Direct Mail (delivered to multiple taxing jurisdictions - purchaser assumes tax payment obligation)
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Purchaser Street Address

Area Code / Telephone No. City State Zip Code

Signature and Title Date Signed

Name (Print or Type)