NAME OF BUSINESS:			
BUSINESS PHONE:			,
ADDRESS (MAILING):	CITY:	STATE: ZIP:	
ADDRESS (SHIPPING):	CITY:	STATE: ZIP:	
OTHER DBA NAMES:			
NAME OF OWNER:			
CONTACT NAME:			
CONTACT E-MAIL:			
FAX:			
WEBSITE:			
TAX ID NUMBER:			
BUSINESS TYPE:			
BUYING GROUP:			
The und	lersigned hereby agrees this account for Kozza & ( and this application serves as an agreement f	1 2 1 2	
Please note that we prefer karat gold jew	LEASE ENTER NAMES & ADDRESSES OF LAST elry suppliers. If you have been in the business under this, we require the owner or the principle to complete and	s name less than on year, or have not establishe	
•	PHONE NO:		
ADDRESS:	CITY&STATE:	ZIP:	
	PHONE NO:		
	CITY&STATE:		
	PHONE NO:		
	CITY&STATE:		
		Additional references may be required	upon request.
NAME OF BANK:	CITY&STATE:	ACCOUNT NO:	
PHONE:	PHONE:	ZIP:	
hown on each invoice will be paid, and ee, which is lower 2% per month or the h ttorney(s) fees in connection with any of greement between the undersigned and	ication to Kozza & Company (creditor), and applicant ag if not paid on said date, are then delinquent. It is unders aighest rate applicable by law. In addition to that, undersig delinquent amounts. The laws of the State of New Yorl the Creditor. In the event of Litigation, venue shall be in the Persons signing application certify all information is tr	tood that Creditor may impose and charge a c med shall be responsible for all collection costs a k shall be applicable to all suits that may arise n New York. Certified USPS mail shall be suffi	lelinquency and possible ander any cient notice
This Credit Application Cannot	be Processed Unless Completed, Signed & L	Dated by Owner or the Principle Stoo	kholder.

oplication For Credit Form

o@kozza.com

za & Company 737th St. 8th Fl. York, NY 10018 1(212) 613 0000 1(212) 466 6436 w.kozza.com

DATE: \_

TITLE:

SIGNED BY: \_