



L G D
NOW AND FOREVER

LAB GROWN DIAMONDS USA LLC

Store Front

37 West 47th Street Exchange, Booth NW1
New York, NY 10036
Tel: 212-921-0118 Fax: 212-221-0118

Office

37 West 47th Street Suite #800
New York, NY 10036
Tel: 212-764-7170 Fax: 212-221-0118

E-mail: Credit@lgdusallc.com Web: www.lgdusallc.com

New Company Registration Form
(To Comply with THE USA PATRIOT ACT)

REGISTERED LEGAL NAME: _____

D.B.A / TRADE STYLE: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

PHONE _____ FAX: _____

MOBILE NO.: _____ WEB: _____

E-MAIL: _____

FED TAX ID: _____ RESALE TAX#: _____ JBT ID: _____

POLYGON ID: _____ BBB ID: _____ DDC ID: _____

HAVE YOU INSTITUTED AN ANTI-MONEY LAUNDERING PROGRAM? _____

HOW DID YOU HEAR ABOUT US? _____

FACEBOOK USERNAME: _____ INSTAGRAM HANDLE: _____

TYPE OF BUSINESS: RETAILER WHOLESALER ETAILER

YEAR BUSINESS STARTED: _____ YEARS AT PRESENT LOCATION: _____

LEGAL STATUS OF ORGANIZATION:

PRIVATE CORP PARTNERSHIP INDIVIDUAL

STATE OF REGISTRATION OR INCORPORATION: _____

LIST OF OWNERS AND AUTHORIZED PERSONS TO PLACE ORDERS

| DESIGNATION | LAST NAME | FIRST NAME | MOBILE NO. |
|-------------|-----------|------------|------------|
| OWNER | | | |
| DESIGNATION | LAST NAME | FIRST NAME | MOBILE NO. |
| | | | |

To Comply with THE USA PATRIOT ACT
Kindly Provide Us A Copy AML Letter, KYC FORM & Any Govt. Issued Photo ID CARD of the Owner/Authorized Buyer (i.e. Driving License, Passport, State ID.) **

TRADE REFERENCES: (LIST AT LEAST 5 REFERENCES PLEASE)

COMPANY NAME

PHONE#

EMAIL

1. _____
2. _____
3. _____
4. _____
5. _____

CREDIT AGREEMENT

APPLICANT WARRANTS THAT THE FOREGOING INFORMATION PROVIDED IS CURRENT AND ACCURATE AND AUTHORIZE LAB GROWN DIAMONDS USA LLC TO CHECK CREDIT, EMPLOYMENT HISTORY, BANK AND TRADE REFERENCES AND GRANTS PERMISSION TO LAB GROWN DIAMONDS USA LLC TO ANSWER QUESTIONS ABOUT ITS CREDIT EXPERIENCE WITH APPLICANT. BY SIGNING THIS APPLICATION, THE SIGNOR REPRESENTS HE IS A PRINCIPAL OF THE CORPORATION AND AGREES TO BE PERSONALLY LIABLE TO LAB GROWN DIAMONDS USA LLC FOR THE UNPAID DEBTS OF THE CORPORATION. ALL THE PAST DUE ACCOUNTS ACCRUE INTEREST AT THE RATE OF 1.5% PER MONTH OR THE MAXIMUM INTEREST RATE PERMITTED BY LAW. APPLICANT FURTHER AGREES TO PAY ALL COSTS, NSF RETURNED CHECK FEE, COURT COSTS AND ATTORNEY'S FEES. APPLICANT GRANTS LAB GROWN DIAMONDS USA LLC A LIMITED POWER OF ATTORNEY TO MAKE AND FILE A FINANCING STATEMENT IN ANY JURISDICTION IF ACCOUNT IS DELINQUENT. APPLICANT ACKNOWLEDGES THAT BY SIGNING FOR ANY DELIVERY BY WHATEVER METHOD, CONSTITUTES ACCEPTANCE OF THE INVOICE/MEMO TERMS. APPLICANT AGREES THAT VENUE AND JURISDICTION SHALL BE IN NEW YORK, NY.

NO SALES PERSONS REPRESENTING LAB GROWN DIAMONDS USA LLC ARE AUTHORIZED TO SIGN FOR ANY MERCHANDISE EVEN FOR RETURN GOODS. ANY GOODS TO BE DELIVERED TO LAB GROWN DIAMONDS USA LLC SHOULD BE SHIPPED TO THE OFFICE ADDRESS AS MENTIONED ABOVE LAB GROWN DIAMONDS USA LLC WILL NOT BE RESPONSIBLE FOR ANY RETURN GOODS/MEMOS/CASH HANDED OVER TO SALES PEOPLE WHAT SO EVER THE REASON. APPLICANT FURTHER REPRESENTS THAT HE IS NOT NOW IN THE US MILITARY AND WILL NOTIFY LAB GROWN DIAMONDS USA LLC, IN WRITING, IF SUCH STATUS CHANGES. THE BUYER AGREES THAT VENUE AND JURISDICTION SHALL BE IN NEW YORK, NY. ALL REFERENCE TO GENDER IS TO BE CONSTRUED AS NEUTRAL.

ANY DISPUTE, CONTROVERSY, OR CLAIM BETWEEN YOU AND/OR YOUR COMPANY AND SHALIBHADRA KOTHARI AND/OR LAB GROWN DIAMONDS USA LLC, ARISING OUT OF OR RELATING TO ANY PAST OR FUTURE TRANSACTIONS IN WHICH SHALIBHADRA KOTHARI AND/OR LAB GROWN DIAMONDS USA LLC HAS SOLD, TRANSFERRED, OR DELIVERED GOODS TO YOU OR YOUR COMPANY, SHALL BE EXCLUSIVELY DETERMINED BY ARBITRATION ADMINISTERED BY THE DIAMOND DEALERS CLUB, INC. ("DDC") IN NEW YORK CITY UNDER ITS BY-LAWS AND RULES AND REGULATIONS. THE PARTIES SUBMIT THEMSELVES TO THE JURISDICTION OF THE DDC, AND JUDGMENT ON ANY AWARD RENDERED BY THE ARBITRATORS MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF. YOU AGREE TO BE PERSONALLY RESPONSIBLE FOR ANY AWARDS RENDERED BY THE ARBITRATORS. YOU HEREBY WAIVE ANY CLAIM OR OBJECTION RELATING TO FORUM NON CONVENIENS.

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

BUSINESS ENTITY NAME: _____

SIGN OF AUTHORIZED SIGNATOR: _____

DATE: _____ PRINT NAME: _____

FOR OFFICE USE ONLY

CREDIT TERMS: _____ MEMO TERMS: _____

CREDIT LIMIT: _____ APPROVED BY: _____

SEGMENT: _____ SHIP METHOD: _____

SALES ASSOCIATE: PN Ext#101

*KINDLY SEND COMPLETED APPLICATION VIA
EMAIL: CREDIT@LGDUSALLC.COM OR FAX: 212-221-0118*