

# GEM WAVE INC.

FOR THOSE WHO VALUE SERVICE  
Importers & Distributors of Diamonds

Date \_\_\_\_\_

Name & Address \_\_\_\_\_

Thank you for your interest in Gem Wave and for allowing us the opportunity to meet your diamond needs. In order to serve you better; please furnish us, in confidence, with some basic credit information. Thank you.

1. Company name and address (full): \_\_\_\_\_

2. Number of years in the business: \_\_\_\_\_

3. Person in charge for making purchase decisions \_\_\_\_\_ Ph. No. \_\_\_\_\_

4. Federal Tax Identification Number \_\_\_\_\_

5. Are you a member of: AGS  IJO  CBG

6. Operational structure:

- Loose stone dealer       Wholesaler       Manufacturer  
 Booth in Jew. Exchange       Showroom       \_\_\_\_\_ (any other)

7. Quality of merchandise required / used:

- TLB (melee)       White (melee)       +15  
 CTS & Up       Fancy Shapes (baguettes)       All type of goods

8. Reference (At least 3-4) trade related and present suppliers:

i	_____	Contact _____
	_____	Phone _____
	_____	Fax _____
ii	_____	Contact _____
	_____	Phone _____
	_____	Fax _____
iii	_____	Contact _____
	_____	Phone _____
	_____	Fax _____
iv	_____	Contact _____
	_____	Phone _____
	_____	Fax _____

Bank reference:

Name of your bank \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Officer's name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Also provide any other information, which you may feel important or helpful to our credit department  
\_\_\_\_\_

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