W.R. COBB Company

Domestic Customer Application
Required for USA Patriot Act

800 Waterman Avenue, East Providence, RI 02914 USA
Tel: (401) 467-7400, (800) 428-0040 Fax: (401) 467-6152, (800) 428-0041
Web: www.wrcobb.com E-Mail: sales@wrcobb.com

Terms Requested: Credit Card ☐ COD ☐ Prepaid ☐ Open ☐

Contact Information*	**Billing Information***		
Contact Name	A/P Contact Name		
Business Name	Business Name		
Business Phone	Business Phone		
Business Fax	Business Fax		
E-Mail Address & Company Website			
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip

General Company Information			
Type of Business ☐ Sole Proprietor ☐ Partnership ☐ LLP ☐ Corporation ☐ LLC			
Owner's Name	Home Phone Number		
Social Security Number*	Driver's License Number*		
Employer Identification Number*	Date of Birth*		
Year Established	At Present Location Since (Date)		
Owner's Home Address	City	State	Zip
Key Employees Manager: Buyer: Jeweler:			

Other Information			
How much do you plan to buy each month in findings?		JBT Number	
Have you had an account with us before? ☐ Yes ☐ No (If Yes, Please List)		D&B Number	
Business Name:		Account Number	
Address	City	State	Zip
Do you operate under any other names? ☐ Yes ☐ No	If so, list the name and address you use:		
Business Name:			
Address	City	State	Zip

- Terms of Payment -

Please read the following agreement carefully. By signing this agreement you agree to the terms and conditions as set forth below:

COBB Open Account Agreement. W.R. Cobb Company (Cobb) requires payment in full on the due date indicated on your invoice and monthly statement. Accounts for which payment is not received by Cobb within the due date shall be subject to suspension of credit privileges. In addition, interest at the rate of 1-1/2% per month will be charged on all overdue invoices to cover additional accounting costs. I personally guarantee payment of any obligation of my company to Cobb, and I hereby agree to bind myself to pay Cobb on demand any sum which may become due to Cobb by my company whenever it shall fail to pay the same. In the event that suit is brought on any amount due by your company to Cobb, you agree to a Rhode Island venue, and to pay reasonable attorney's fees and necessary collection costs incurred in collection of the said past due amounts, or collection agency costs or collection costs even if suit is not instituted. Your signature on this application constitutes acceptance of these Terms of Payment, and agreement that you will pay past due interest charges as billed, if any.

A signed copy of this agreement should be retained. Buyer acknowledges receipt of a copy of this agreement. Buyer authorizes W.R. Cobb Company to contact the references listed below to obtain information necessary to process this application.

Print Name _____ Signature _____ Date _____

Credit References					
Company	Contact / Account #	Street	City	State	Phone / Fax Number
Credit Card Number			Security Code	Expiration Date	

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