

Adwar Casting Co., Ltd.

120 South Long Beach Road, Rockville Centre, NY 11570

PHONE (516) 678-7755 * FAX (516) 678-7756 * ORDERS ONLY (800) 255-7755

Company Credit Card Payment Agreement

CUSTOMER ACCT# _____

COMPANY NAME _____

ADDRESS _____

Telephone # _____

Email transaction receipt to: _____

Expiration date ____/____/____ Mastercard/Visa/Discover (circle one)

CREDIT CARD #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CCID # (last 3-digits on back of card)

--	--	--

NAME AS IT APPEARS ON CARD (please print) _____

CREDIT CARD ADDRESS _____

I, _____, the cardholder, confirm that I am purchasing merchandise from Adwar Casting Co. Ltd. and give them the authority to charge my credit card for all future purchases. I understand that claims for defective merchandise must be made within 10 business days of receipt of order. All returns must be received before a credit on your card will be processed. I know that I will be charged a processing fee of 3% on each charge.

Cardholder Signature _____ Date _____

***PLEASE FAX A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD WITH THIS SIGNED FORM.**

Resale Certificate

All purchases from Adwar Casting Co. Ltd. are for resale only. Please insert your sales tax permit number with your signature and address on this resale certificate. We will not process any order without a complete and correct resale certificate. If your state requires a specific form or document, please attach same with proper signature.

Company Name _____

I hereby certify, that I hold a valid seller's permit number _____ Issued pursuant to the sales an use tax law that I engaged in the business of selling jewelry and that the tangible personal property described herein which I shall purchase will be resold by me in the form of tangible personal property, provided, however that in the event any such purchase is used for any other purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the sales and use tax law to report and pay for the tax, measured by the purchase price of such property.

Company _____ Date _____

Address _____

Telephone _____ Fax _____

Email _____

USA Patriot AML Compliance Confirmation

Company Name _____

Owners Name _____ Compliance Officer _____

Select the condition that best describes your company's status:

- We have a fully compliant anti-money laundering program addressing each of the required elements under the law. Our program satisfies all of our anti-money laundering obligations and is periodically reviewed to insure it is operating as designed.

- We are not a dealer in "covered goods" which includes precious metals, stones or jewels as defined by the USA Patriot Act and as such do not need to implement an anti-money laundering program.

I confirm that all above information is true and correct.

Signature *Date*