



Credit Application

Complete this form electronically or print and complete by hand. Required fields are marked with an asterisk.
Application Date *

Business Information

Store / Business Name *

Primary Contact *

Store Address *

City *

State *

ZIP Code *

Country *

Phone Number *

Email Address *

Website

Years in Business

Business Type

Resale / Seller Permit No.

Credit Request

Requested Credit Limit

Accounts Payable Contact

Accounts Payable Phone

Accounts Payable Email

Submission

Email the completed application to sales.diamondseyez@gmail.com. For assistance, call (213) 675-8400.



Trade References & Authorization

Trade references help support the credit review process. Please provide current business references when available.

Trade References

Reference 1

Company Name

Phone

Contact Name

Email

Reference 2

Company Name

Phone

Contact Name

Email

Reference 3

Company Name

Phone

Contact Name

Email

Authorization

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize Diamond Eyez Inc. to contact the business references listed above for the purpose of reviewing this credit application. Submission of this application does not guarantee approval or establish credit terms.

Authorized Name *

Title *

Date *

Authorized Signature (type full name or sign after printing) *

Return Completed Application

Email: sales.diamondseyez@gmail.com

Office: (213) 623-3686 Call/Text/WhatsApp: (213) 675-8400

607 S. Hill St., Suite 415, Los Angeles, CA 90014