

INTERNATIONAL MFG. CORP., INC.
712 CHESTNUT STREET
PHILADELPHIA, PA 19106
PHONE: 215-925-7558
FAX: 215-925-2305

CREDIT CARD AUTHORIZATION

COMPANY INFORMATION (Form must be filled out completely before being processed)

Company Name: _____

DBA (if different): _____

Address: (no P.O. Boxes) _____

City, State & Zip: _____

CARD INFORMATION

Name as it appears on card: _____

Billing Address: _____

Billing City, State & Zip: _____

PLEASE CIRCLE ONE:

Master Card Visa AMEX

Credit Card # _____ - _____ - _____ - _____ Expiration Date: ____/____/____

Verification/Security Code: _____

Upon completion of this form, all your invoices will be billed directly to your credit card. All returns received within 30 days will be processed and the amount of Credit Memo will be credited to the same card.

Authorization Name: _____ Date: _____

INTERNATIONAL MFG. CORP., INC.
712 CHESTNUT STREET
PHILADELPHIA, PA 19106
PHONE: 215-925-7558
FAX: 215-925-2305

Dear Sir/Madame:

As you are aware, the US Patriot Act, issued by the U.S. Treasury is law. Its implementation went into effect January 2006.

International Mfg. Corp is committed to practicing the highest professional and ethical standards in the conduct of our business. The Patriot Act mandates that we have in place Anti-Money Laundering programs to prevent exploitation by those having criminal intent. International Mfg. Corp. is in total compliance with the regulations and our program is periodically reviewed to insure it is operating as designed. Our desire is to strengthen our business relationships based on these principles.

The Treasury Department requires that we document and identify information from those companies from whom we purchase and/or sell to. We would appreciate your taking the time to complete and return the attached form to us.

International Mfg. Corp. is committed to working with you to protect the reputation of the jewelry and diamond industry.

Sincerely,

INTERNATIONAL MFG CORPORATION, INC.

INTERNATIONAL MFG. CORP., INC.
712 CHESTNUT STREET
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CUSTOMER IDENTIFICATION AND VERIFICATION FORM

Please complete, sign and return this form by email, U.S. Mail or Fax. Please be assured that your personal information will be handled on a strictly confidential basis. Thank you.

Registered Name _____

Trading Name (if different) _____

Registered Address _____

Business Address (if different) _____

Phone Number _____ Cell Phone Number _____

Fax Number _____ E-Mail Address _____

Federal Tax I.D. Number or Social Security Number _____

Directors of Company _____

Does Your Company Have an Anti-Money Laundering Policy?

Yes _____ No _____

I confirm, the above information is true and correct and undertake to update this information should any of the information change.

Printed Name _____

Signature _____

Title _____ Date _____