

ASHI DIAMONDS, LLC

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Accounts@AshiDiamonds.com • www.AshiDiamonds.com

CUSTOMER PROFILE FORM

Company Name: _____ Cust ID: _____

Web Address: www. _____ Email: _____

Bill To:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Tel: () _____ Fax: () _____

Ship To:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Tel: () _____ Fax: () _____

Other Ship To:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Tel: () _____ Fax: () _____

If needed, attach sheet to list additional "Ship To" Addresses

Main Contact:

Title: _____

Tel: () _____ Ext: _____

Fax: () _____ Email: _____

Primary Market Segment: *(Check One Category that describes your Business most accurately)*

- | | |
|--|---|
| <input type="checkbox"/> Single Store Retailer | <input type="checkbox"/> 30+ Store Chain |
| <input type="checkbox"/> 2-5 Store Chain | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> 6-14 Store Chain | <input type="checkbox"/> Buying Group |
| <input type="checkbox"/> 15-29 Store Chain | <input type="checkbox"/> Government Facilities |

Jewelry Buyer (1):

Title: _____

Tel: () _____ Ext: _____

Fax: () _____ Email: _____

Jewelry Buyer (2):

Title: _____

Tel: () _____ Ext: _____

Fax: () _____ Email: _____

Special Orders:

Title: _____

Tel: () _____ Ext: _____

Fax: () _____ Email: _____

Repairs>Returns:

Title: _____

Tel: () _____ Ext: _____

Fax: () _____ Email: _____

Accounting:

Title: _____

Tel: () _____ Ext: _____

Fax: () _____ Email: _____

Buying Group:

- | | |
|------------------------------|-------------------------------|
| <input type="checkbox"/> AGS | <input type="checkbox"/> LJG |
| <input type="checkbox"/> BIG | <input type="checkbox"/> RJO |
| <input type="checkbox"/> CBG | <input type="checkbox"/> SJO |
| <input type="checkbox"/> IJO | <input type="checkbox"/> None |

Completed By: _____ Date: _____

Thank You! Please Mail or Fax to: (212) 319-4341 or Email to: accounts@ashidiamonds.com