THE JEWELERS BOARD OF TRADE

95 Jefferson Blvd., Warwick, RI 02888
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www.jewelersboard.com
membership@jewelersboard.com

Thank you for your interest in The Jewelers Board of Trade. **The following information is required for Membership consideration.** Please use this form to provide the following:

Company Name:_____D/B/A:_____

Address:_____ City: _____State:_____ Zip:_____

Telephone:_____ Fax:_____

Email Address:_____Web Address:_____

Mailing Address: _____

PRINCIPALS / OWNERS:

1._____ 3._____
NAME TITLE NAME TITLE
Born_____ ☐Married ☐Single ☐Divorced ☐Widowed Born_____ ☐ Married ☐Single ☐ Divorced ☐ Widowed

2._____ 4._____
NAME TITLE NAME TITLE
Born_____ ☐Married ☐Single ☐Divorced ☐Widowed Born_____ ☐ Married ☐Single ☐ Divorced ☐ Widowed

Please submit the employment history of <u>all</u> of the principals/owners listed above. Include the company name, city and state of <u>previous employers</u> as well as the <u>length of time employed</u>. Use additional paper if needed.

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THIS BUSINESS WAS INCORPORATED / STARTED IN/ON _____/_____/_____ AND OPERATES AS A(AN):

☐SOLE PROPRIETORSHIP ☐CORPORATION ☐PARTNERSHIP ☐LLC ☐ LLP ☐LP

FEDERAL IDENTIFICATION NUMBER (FEIN) 9 DIGITS: _____ CORPORATE REGISTRATION NUMBER: _____

RENT AMOUNT $_____ LEASE EXPIRATION DATE (MONTH & YEAR)_____

INSURANCE CONSISTS OF: ☐A JEWELERS BLOCK POLICY ☐BURGLARY ☐LIABILITY ☐SELF INSURED

INSURANCE CARRIER _____ NUMBER OF EMPLOYEES _____

ALARM SYSTEM ON THE PREMISES YES_____ NO_____ SQUARE FOOTAGE_____

WE:

☐RENT ☐A KIOSK
☐LEASE ☐THE PREMISES
☐OWN ☐A STORE
☐OCCUPY ☐AN OFFICE
☐OPERATES FROM RESIDENCE

THE PREMISES ARE IN:

☐A SHOPPING CENTER
☐IN AN ENCLOSED MALL
☐A STRIP CENTER
☐A JEWELRY CENTER
☐A MULTI STORY OFFICE BLDG ON THE _____ FLOOR

LOCATED IN :

☐A CENTRAL BUSINESS AREA
☐A SUBURBAN BUSINESS AREA
☐AN INDUSTRIAL AREA
☐A RURAL AREA

WE OPERATES AS A: ☐RETAILER ☐WHOLESALER ☐SPECIAL ORDER MFG ☐DIAMOND CUTTER ☐REPAIRER
☐MANUFACTURER ☐DEPARTMENT STORE ☐APPRAISER ☐OTHER:_____

OF:

☐FINE GOLD JEWELRY ☐DIAMOND JEWELRY ☐COSTUME JEWELRY ☐GIFTS ☐OTHER:_____
☐LOOSE DIAMONDS/STONES ☐SILVER JEWELRY ☐CHINA / CRYSTAL ☐CLOCKS
☐WATCHES ☐PEARL JEWELRY ☐TOOLS / EQUIPMENT ☐FIXTURES
☐WATCH BANDS / BATTERIES ☐CZ JEWELRY ☐PACKAGING / DISPLAYS ACCESSORIES

SALES ARE MADE VIA: ☐INTERNET ☐APPOINTMENT ONLY
WATCH/JEWELRY REPAIRS ARE: ☐DONE ON THE PREMISES ☐SENT OUT

TERRITORY COVERS:_____ NUMBER OF ACCOUNTS:_____

TERMS OF SALE:_____ SALES ARE MADE TO:_____

PLEASE LIST AS MANY SUPPLIERS AS POSSIBLE
(Names are held in strict confidence)

NAME	**ADDRESS**

Banking Information: Bank Name:_____ Account Number: _____

Signature:_____ **Title:** _____ **Date:**_____

Please fax this form to: 401-467-6070 For questions, please call: 401-467-0055