

RJO MEMBERSHIP APPLICATION

FAX BACK TO: 641-792-9251

BUSINESS INFORMATION

Name of Store _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
E-mail _____ Polygon # _____
Applicant's Name _____
Position _____
Owner's Name (if different from applicant) _____
Social Security # _____
Federal Tax ID # _____
Home Address _____

FINANCIAL INFORMATION

Bank _____
Mailing Address _____
City _____ State _____ Zip _____
Credit Card *(CIRCLE ONE: Visa / MasterCard / AMEX / other) Account # _____

HOW DID YOU HEAR ABOUT RJO: (Please check all that apply.)

Website Advertisements Current RJO Member or Vendor
 Direct Mailings Other (please list) _____

TRADE REFERENCES (Please list top five references. References must be in different product categories.)

1. _____
2. _____
3. _____
4. _____
5. _____

Please accept my application for membership in the Retail Jewelers Organization (RJO). I understand that if approved, I'll receive notification of acceptance, information about the organization and a membership agreement to complete. By signature below, Applicant consents and authorizes any financial institution and/or credit reporting agency to supply RJO with any information regarding Applicant which RJO shall request. This consent and authorization shall not terminate or lapse.

Applicant Signature

Date

Print Name



The Ultimate Jeweler Resource

*Credit card information is optional.