

## Wholesale Registration Form

1 OF A KIND JEWELRY OF FLORIDA INC.  
dba FANCYSILVER.COM  
1 NE 1<sup>st</sup> Street, #18  
Miami, FL 33132  
TEL 305-358-7031  
FAX 305-358-7032

### ACCOUNT INFORMATION

Login Email Address: \_\_\_\_\_

Password: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Tel No.: \_\_\_\_\_

Company Tel No.: \_\_\_\_\_

Company Fax No.: \_\_\_\_\_

Company Website URL: \_\_\_\_\_

Tax ID/Resale No. (For Florida Customer Only): \_\_\_\_\_

### SHIPPING INFORMATION (if different than account information)

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Tel No.: \_\_\_\_\_

**Credit Card Authorization Form**

1 OF A KIND JEWELRY OF FLORIDA INC.  
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Credit Card Authorization

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Name As It Appears on the Card \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City, State and ZIP CODE \_\_\_\_\_

Contact Phone Number For Cardholder \_\_\_\_\_

Visa/MC# \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV# (for VISA & M/C) back of card \_\_\_\_\_

\*\*I authorize 1 OF A KIND JEWELRY OF FLORIDA INC. dba FANCYSILVER.COM to charge my Visa/MC for all further purchases of merchandise shipped. I understand that this is your written authorization to charge these shipments to my charge cards indicated above. This agreement is valid until written notice of cancellation is received.

Cardholder's Signature X \_\_\_\_\_

If cardholder's billing address is outside of the US, please also provide

- 1) a photocopy of the front and back of the credit card,
- 2) a photocopy of the cardholder's passport or identification card, AND
- 3) the information below for the card-issuing bank. Thank you!

Name of Bank: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Address of Bank: \_\_\_\_\_

To cancel the above Charge Card Authorization, please provide the information below.

This is my authorization to CANCEL the above agreement:

Company Name: \_\_\_\_\_

Credit Card Holder: \_\_\_\_\_

Date Of Cancellation: \_\_\_\_\_