



## **SYK JEWELRY, INC.**

250 Spring Street, NW, Suite 7E321-325, Atlanta, GA 30303

TEL: 404-688-4989 800-876-2694 FAX: 404/688-8113

[www.sykinc.com](http://www.sykinc.com)

## **NEW CUSTOMER REGISTRATION**

Please enter the following information, and keep a record of it. You will need this information to log onto Your SYKINC.COM account.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
ID

\_\_\_\_\_  
Password

### **Business Information**

\_\_\_\_\_  
OWNER FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS 2

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
SALES TAX NUMBER

STATE: \_\_\_\_\_

## BILLING INFORMATION

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS 2

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
FAX NUMBER

Credit Card Type (Circle One) :

☐ MASTER

☐ VISA

☐ AMEX

☐ DISCOVER

CARD# \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

By signing above, I agree to the above amount and give SYK Jewelry, Inc. authorization to charge the above credit card number. I also understand that all sales are final and there are no refunds. Cardholder acknowledges receipt of good and/or service in the amount of total shown above and agree to perform the obligations set forth in the cardholder's agreement with the issuer.

By signing this form, I affirm that I am an authorized signer on this credit card. I authorize SYK Jewelry, Inc. to charge the credit card for the final balance, as well as all additional handling and shipping charges which will be at SYK Jewelry, Inc rates.