

Aaura, Inc.

Application For Credit

Business Name _____

Business Address _____

City, State, Zip _____

Business Telephone # (_____) _____ Fax # (_____) _____

Type of Company Individual Partnership Corporation Number of Store Locations _____

Type of Business Retail Wholesale Manufacturer Other _____

Email Address _____ Web Site Address _____

State Resale Certificate Number _____ Years in Business _____


Principal(s) Name _____

Person Responsible for Accounts Payable _____


Credit Line Requested \$ _____ Terms Requested _____

Customer hereby grants to Aaura, Inc. a security interest in any and all inventory of customer now existing or hereafter acquired by customer to secure all amounts now or hereafter due from customer to Aaura, Inc. Customer hereby authorizes Aaura, Inc. to file all necessary financing statements where appropriate under applicable law to perfect the security interest granted by customer to Aaura, Inc.

In the event that any invoices fall past due, I agree to pay interest of 1% per month and handling charge of 1% per month for a total of 2% per month or 24% per annum, together with expenses incidental to collection including a reasonable attorney's fee.

 _____
Authorized Signature Title Date Signed

The undersigned, acting not in his/her capacity as representative for the above mentioned, but as individual Guarantor, hereby guarantees payment of the full amount of all invoices billed to the above company, including all accrued charges (2% per month, or maximum allowed by law) to Aaura, Inc. its agents, insurers, successors, and assigns.

 _____
Signature Name of Individual in Print Date Signed

Credit application must be signed and dated before processing.

67 East Madison Street • 19th Floor • Chicago, Illinois 60603
(312) 641-0001 (800) 345-4445 Fax (312) 641- 6520

Aura, Inc. Credit Application

Number 1: Gold Supplier's Name

Contact

Telephone Number

Address

City, State, Zip

Number 2: Gold Supplier's Name

Contact

Telephone Number

Address

City, State, Zip

Number 3: Other Jewelry Supplier Reference

Contact

Telephone Number

Address

City, State, Zip

The undersigned hereby authorizes: (Bank Name) _____ to furnish Aura with certain information in regards to the transactions of our company with your financial institution.

Bank Name

Contact Person

Bank Address

Bank Telephone Number

Bank City, State, Zip

Account Number

Authorized Signature

Title

Date signed

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