

# MARCHON<sup>®</sup>

eyewear

**MARCHON EYEWEAR**  
35 HUB DRIVE  
MELVILLE, NEW YORK 11747  
TEL# (631) 755-2020 FAX# (631) 755-2088

## ACCOUNT PROFILE/CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_ D/B/A \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

CHECK ONE: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

GROUP NAME (if any): \_\_\_\_\_ GROUP MEMBER # \_\_\_\_\_

CHECK ONE: OPTICAL \_\_\_\_\_ RETAIL \_\_\_\_\_

OWNERS/OFFICERS/PARTNERS NAMES (as applicable):

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SUBJECT TO STATE SALES TAX: Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, please supply exemption certificate)

BANK REFERENCE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CREDIT REFERENCES (Outside the Optical Industry):

1) Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

AUTHORIZED BUYER \_\_\_\_\_ DATE BUSINESS ESTABLISHED: \_\_\_\_\_

AT PRESENT ADDRESS SINCE \_\_\_\_\_ NUMBER OF STORES \_\_\_\_\_

The above information is complete and accurate and has been provided so that you may rely on it for the purpose of extending credit. This authorizes the release of credit information on my account to Marchon, Calvin Klein Eyewear, or their authorized credit agencies.

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

SALES REP: \_\_\_\_\_ NAME & TITLE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR COMPANY USE ONLY**

A/C# \_\_\_\_\_ RX \_\_\_\_\_ STK \_\_\_\_\_ LC \_\_\_\_\_ DATE \_\_\_\_\_ REGION \_\_\_\_\_