APPLICATION FOR CREDIT

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2300 Louisiana Avenue North, Minneapolis, MN 55427 T 888-560-1060, 763-592-1493 F 888-560-1066, 763-537-3933

Name of firm or individual: _____

Address: _____

City, State, Zip Code: _____

Billing Address if different: _____

Telephone: _____ Date Business opened: _____

OWNERSHIP: ___Individual ___Partnership ___Corporation ___LLC ____State Incorporated
Date Incorporated _____
State Sales Tax Number: _____ State issuing Tax Resale Number: _____

ORGANIZATION TYPE: ___Retail ___Distributor ___Optometric Practice ___Optician(s)
___Ophthalmology Practice ___Other, specify: _____

Name of Principal(s): _____
Address: _____
Phone: _____ A/P CONTACT: _____

FINANCIAL REFERENCE: BANK NAME: _____
BANK ADDRESS: _____ TEL: _____
BANK ACCOUNT #: _____ BANK OFFICER OR DEPT: _____

CREDIT REFERENCES:

NAME	ACCOUNT #	PHONE #	FAX #
1)			
2)			
3)			

TERMS OF CREDIT UNDER THIS AGREEMENT:

New accounts will received credit terms of Net 30 if qualified. All prices are FOB Minneapolis, MN.
Interest charges at the rate of 1 ½% per month will be added to past due accounts.
Applicant's signature attests financial responsibility and willingness to pay in full within terms of sale. If the account is referred to a collection agency or attorney, the applicant agrees to pay in full all costs and expenses including attorney fees. In submitting this application for credit you are authorized to investigate my credit record.

We certify that all the information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

SIGNATURE: _____ **DATE:** _____

TITLE: _____

Incomplete applications will not be considered.