

Account № _____

New Account Information & Credit Review

Applicant's Name _____
Company Name _____
Billing Address _____
City _____ State _____
Zip (Postal) Code _____
Phone _____
Fax _____
Number of Years in Business _____

Type of payment Desired
Company Check
Cash or Money Order
Credit Card
Specify _____
State sales Tax ID# _____
Bank Name _____
Acc № _____
Bank Contact _____

Business type:
 Sole Proprietor Partnership Corporation
Owner's (Partner's) Name(s) _____
Social Security # (Federal Tax ID #) _____

A/P Contact _____
Ship to Address* _____
City _____ State _____
Zip (Postal) Code _____

Trade References (One of the references must be an Optical Lab or Lens Supplier)
1 Name: _____
Phone: _____
Fax: _____
Account # _____
3 Name: _____
Phone: _____
Fax: _____
Account # _____
3 Name: _____
Phone: _____
Fax: _____
Account # _____

*Please fill up shipping address if different from billing address
Number of Locations _____

(Please list addresses. Please advise if individual account numbers or individual drop ship desired)

With establishment of this account I am aware that K-Mars will bill through the last day of each month and I agree to pay full balance appearing on the monthly statement within 30 days. It is further understood and agreed that should this account at any time not be paid according to terms (before 10th of pending month if not agreed differently) the undersigned will pay late payment charge of \$20 and in addition to this interest of the highest rate allowed by law in the State in which undersigned resides or maintains a place of business on every balance overdue. If this account is turned over for collection the undersigned agrees to pay reasonable attorney or collection fee. Undersigned agrees to pay \$50 fee for every bounced check. For security purposes, we require to have an active credit card authorization on file. I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit. I, _____ hereby authorize K-MARS to use the information provided here to contact the sources listed above to verify all the necessary information about my business.

Owner's (Officer's of the Corporation) signature _____ Date _____