



New Account: YES NO

If No, Account # _____

CREDIT APPLICATION CONFIDENTIAL

REV. May 2009

Requesting Credit Limit Increase: YES NO

Direct Billing Yes ___ No ___

If No, Buying Group Name _____

Buying Group Account # _____

Luxottica Group
44 Harbor Park Drive
Port Washington, NY 11050
ATTN: CREDIT DEPARTMENT
Telephone: 1-800-422-2020
Fax: 516-918-3173
creditdept@us.luxottica.com

ACCOUNT PROFILE:

BUSINESS NAME		D.B.A NAME	
LEGAL OBLIGATOR (RESPONSIBLE PARTY)		STREET ADDRESS	
CITY	STATE	ZIP	TELEPHONE # ()
TYPE OF OWNERSHIP: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> SUBSIDIARY		E-MAIL:	FAX# ()
Have you ever had ownership in another account serviced by the Luxottica Group? YES ___ NO ___ If YES, what was the name of the other company and account #.			
SUBSIDIARY – NAME OF PARENT COMPANY		ADDRESS OF PARENT COMPANY	
TYPE OF BUSINESS	DUNS#	NO. OF YEARS IN BUSINESS	
PRINCIPAL	TITLE	SOCIAL SECURITY #	
HOME ADDRESS		PHONE # ()	
EIN#/Fed ID	RESALE # (If merchandise is for resale)	FAX # ()	

BANK REFERENCE:

BANK NAME	STREET ADDRESS	CITY	STATE	ZIP
CONTACT NAME	CHECKING ACCOUNT#	PHONE # ()		

TRADE REFERENCES:

NAME	ADDRESS	PHONE # () CONTACT	ACCOUNT #
NAME	ADDRESS	PHONE # () CONTACT	ACCOUNT #
NAME	ADDRESS	PHONE # () CONTACT	ACCOUNT #

ATTACH FINANCIAL STATEMENTS

Has above business entity ever filed for bankruptcy?	If yes, case # and district.
Should credit availability be granted all decisions with respect to the extension or continuation shall be the sole discretion of Avant Garde Optics, LLC. Avant Garde Optics, LLC. may terminate any credit availability within its sole discretion. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, color, national origin, sex, marital status, age, (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the application has in good faith exercised any right under the consumer Credit Protection Act. We certify that the statements made on this application are true and correct. We further declare that We have authority to apply for credit on behalf of the herein business or individuals that hereby authorize the above named references to release credit information to Avant Garde Optics, LLC. Any action arising out of this Agreement must be brought in the State of New York, and governed by the law of that local, exclusive of the choice of the law rules of any jurisdiction, and the customer consents to the jurisdiction of such courts.	
CUSTOMER SIGNATURE X	DATE
NAME (Please Print)	TITLE
SALES REPRESENTATIVE	SALES CODE#
	DATE

Personal Guarantee; In consideration for the credit extended by Luxottica Group, the undersigned guarantor shall be liable for the principal owed and if the debt is placed with an attorney and/or a collection agency, an additional 25% of the balance owed shall be added to the principal as a collection fee when allowed by law.

Signature **X** _____