



ACCOUNT # _____ DATE OPENED _____ CREDIT LIMIT _____

SALES REP. SIGNATURE _____ SALES REP. # _____ ORDER # _____

DISCOUNT PROGRAM

FORMS MUST BE ATTACHED TO ACTIVATE

FIRM NAME		TRADE STYLE	
STREET ADDRESS		TELEPHONE	
CITY	STATE	ZIP CODE	
LIST FULL NAME AND HOME ADDRESSES OF OWNER(S) OR AN AUTHORIZED OFFICER(S) OF THE CORPORATION			
FAX	EMAIL	CELL PHONE	

PLEASE CHECK ONE INDIVIDUAL PARTNERSHIP CORPORATION

ADDITIONAL INFORMATION REQUIRED:

CUSTOMER (INDIVIDUAL SIGNING CONTRACT)		TITLE	TYPE OF BUSINESS
CUSTOMER'S SS #	FEDERAL I.D. #	SALES TAX: RESALE #	
DATE STARTED	ESTIMATED ANNUAL SALES	<input type="checkbox"/> OWN BUSINESS LOCATION	VALUE
HOW LONG IN BUSINESS AT PRESENT LOCATION	FORMER BUSINESS NAME	<input type="checkbox"/> RENT BUSINESS LOCATION	LOCATION
TYPE OF FORMER BUSINESS	HAVE YOU DONE BUSINESS WITH US BEFORE?		
	<input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN, IF ANSWER TO THE PRECEDING WAS YES		

TRADE REFERENCES - SUPPLY NAME, ADDRESS AND TELEPHONE NUMBER

NAME	ADDRESS	PHONE #	ACCOUNT NO.
		PHONE #	
		FAX #	
		PHONE #	
		FAX #	
		PHONE #	
		FAX #	
		PHONE #	
		FAX #	

BANK REFERENCES - SUPPLY NAME, ADDRESS AND TELEPHONE NUMBER

NAME	ADDRESS	PHONE #	ACCOUNT NO.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND IS PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT, AND I HEREBY AUTHORIZE YOU TO OBTAIN INFORMATION FROM ANY OF THE REFERENCES LISTED ABOVE. IT IS FURTHER UNDERSTOOD AND AGREED THAT SHOULD THIS ACCOUNT AT ANY TIME NOT BE PAID ACCORDING TO TERMS, THE UNDERSIGNED WILL PAY INTEREST AT THE HIGHEST RATE ALLOWED BY LAW IN THE STATE IN WHICH THE UNDERSIGNED RESIDES OR MAINTAINS A PLACE OF BUSINESS, AND, IF THE ACCOUNT IS TURNED OVER FOR COLLECTION, WILL PAY A REASONABLE ATTORNEY OR COLLECTION FEE.

APPLICANT UNDERSTANDS AND AGREES THAT ALL MERCHANDISE PURCHASED FROM SAFILO USA, INC. IS EXCLUSIVELY FOR IN-OFFICE OR IN-STORE RESALE TO APPLICANT'S PATIENTS OR RETAIL CUSTOMERS AND NOT FOR DISTRIBUTION AT WHOLESALE OR FOR RESALE BY MEANS OF THE INTERNET OR IN ANY OTHER MANNER. APPLICANT IS ADVISED THAT ALL MERCHANDISE TRADEMARKS ARE EITHER OWNED BY MEMBERS OF THE SAFILO GROUP OR USED BY SAFILO GROUP WITH PERMISSION UNDER TRADEMARK LICENSES. APPLICANT UNDERSTANDS AND AGREES THAT ANY SUCH TRADEMARKS AND ANY MATERIALS OR MEDIA IN WHICH SUCH TRADEMARKS APPEAR (INCLUDING CATALOGS, PROMOTIONAL MATERIALS, AND SAFILO GROUP'S INTERNET WEB SITE) MAY NOT BE REPRODUCED, DISSEMINATED, PUBLISHED OR TRANSFERRED IN ANY FORM OR BY ANY MEANS EXCEPT WITH THE PRIOR WRITTEN PERMISSION OF SAFILO USA, INC. SAFILO USA, INC. RESERVES THE RIGHT TO TERMINATE ANY APPLICANT OR CUSTOMER THAT FAILS TO COMPLY WITH THESE CONDITIONS.

SIGNATURE OF FINANCIALLY RESPONSIBLE PARTY(S) _____

PLEASE PRINT NAME _____

TITLE _____

DATE _____

The undersigned, to include the granting of credit to the above named firm, hereby personally guarantees the company's credit and willingness to pay as stated above. This shall be a continuing guarantee and shall not be affected by any extension of time, payment, modifications, and additions.

Print Name: _____ Signature: _____ / /

DATE

Print Name: _____ Signature: _____ / /

DATE