

**CUSTOMER CREDIT APPLICATION****BUSINESS CONTACT**

Company name:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Shipping address:

City:

State:

ZIP Code:

Date business commenced:

SS or Tax ID#:

Sole proprietorship:

Partnership:

Corporation:

Other:

Tax Exempt #:

Please attach certificate

State Resale #:

Please attach certificate

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE

Company name:

Phone:

Fax:

E-mail:

Account #:

Company name:

Phone:

Fax:

E-mail:

Account #:

Company name:

Phone:

Fax:

E-mail:

Account #:

AGREEMENT

1. I agree to pay all invoices 15 days from the date of the monthly statement and I accept late fees and/or interest as permitted by law for any overdue balances.
2. By submitting this application, I authorize Encore Optical Laboratories, LLC to make inquiries into the banking and business/trade references supplied above, and agree to assume responsibility for all collection costs should the account go in default.

Print Name:

Print Name:

Signature:

Signature:

Title:

Date:

Title:

Date: