

Application for Credit

| | | | | |
|--------------------------------|-------------------|----------------------------|-------------------------|-----------|
| Billing Name _____ | | Incorporated Name _____ | | |
| Billing Address _____ | Street _____ | City _____ | State _____ | Zip _____ |
| (_____) _____ | (_____) _____ | _____ | _____ | _____ |
| Phone _____ | Fax _____ | Email _____ | Years in Business _____ | |
| Principal(s) or Owner(s) _____ | | | Title _____ | |
| Federal ID No. _____ | | Sales Tax Resale No. _____ | | |
| Name of Bank _____ | Account No. _____ | (_____) _____ | Phone _____ | |

Has above ever filed for bankruptcy? _____ If yes, name of company or individual and year. _____

TRADE REFERENCES

| | | |
|---------------|-------------|-----------------|
| 1. _____ | _____ | (_____) _____ |
| Supplier Name | Account No. | Phone |
| 2. _____ | _____ | (_____) _____ |
| Supplier Name | Account No. | Phone |
| 3. _____ | _____ | (_____) _____ |
| Supplier Name | Account No. | Phone |

PLEASE SIGN HERE

In opening your account, you assume and become totally responsible for all collection costs, both personally, corporately and/or under an assumed name. Your acceptance of special ordered prescription lenses and not paying for them will result in you being charged for all costs incurred by Optical Prescription Lab, Inc., their attorneys, accountants, collection agency fees and court costs, plus interest charges. All of the aforementioned charges will be added to the unpaid balance and will become the responsibility of the purchaser in full.

| | | |
|---------------------------------|------------------------|-------|
| X _____ | _____ | _____ |
| Signature of Principal or Owner | Social Security Number | Date |

