CREDIT APPLICATION



Company Information									
Full Legal Name:					D/B/A Business Name:				
Billing Address:		City:	City:		State:			Zip:	
*Shipping Address (If different	g):	: City:			State:		Zip:		
Phone No.: F		Fax No.:				E-Mail:			
						Web Site:			
Year Business Established:		No. of Employe				deral Tax	x ID:		
Proprietorship: Partnersh Communication Preference:	Corporation: Limited Liability Corp. Telephone Regular Ma				•				
*IF MULTIPLE SHIP TO LOCA	Fax TIONS PLEA			r EPARATE D	OCUMI	ENT.	<u>E</u> ·	- <u>Iviaii</u>	
Principal Information									
First Name:		Initial:	itial: Last Name		ne:			SSN:	
Home Address:			Home Phone No.:						
City:	State:	rate:			Zip:				
Authorized Signature:					Date:				
Bank Reference						<u>.</u>			
Name of Bank:	-	Contact phone No.:				Account No.:			
Address:		City:				Zip:			
Trade Reference									
Supplier:	Address:			Acct. No		Phone No.:			
Supplier:	Address:			Acct. No.:			Phone No.:		
Supplier:	Address:			Acct. No.:			Phone No.:		
Applicant agrees by signing this a Inc. in establishing a line of credi may order a consumer credit report existing or future extensions of credit applicant and applicant's authorities.	t. Proprietors t in connecti edit. zed represen	ship, partnership, on with this appli tative signing thi	and ication	personal guan and subsequent	arantor appuent con	pplicants sumer rep warrant	understan ports in co	d that Imperial Optical Inc nnection with the review of nformation provided in thi	
application and in any and all add Inc. is true and correct in all mater	itional docum	nents, financial st	tatem	ents or other	informa	tion furni	shed by a	pplicant to Imperial Optica	
Authorized Signature: Printed Name:									
Title:	Date:								
For Office Use Only									
Approved By: Accou		ount No.:		Credit Limit:			Da	te Approved:	
Customer Service Representati How did applicant hear about u		Combine B	lock			ther			