

Date: \_\_\_\_\_

## New Account Information and Credit Review

Page 1 of 2

|   |
|---|
| <b>Applicant's Name:</b> _____  |
| <b>Company Name:</b> _____<br>_____   |
| <b>Billing Address:</b> _____<br>_____  |
| <b>City:</b> _____  |
| <b>State:</b> _____ <b>Zip:</b> _____   |
| <b>Telephone:</b> _____   |
| <b>Fax:</b> _____   |
| <b>Email:</b> _____   |
| <b>Years in Business:</b> _____   |
| <b>Type of Lab:</b> <b>Surface:</b> _____ <b>Edge:</b> _____<br><b>Plastic:</b> _____ <b>High Index:</b> _____ <b>Poly:</b> _____ |
| <b>Ship to Address:</b> _____<br><b>if different than</b> _____<br><b>bill to:</b> _____  |
| <b>Number of Locations:</b> _____   |
| <b>Federal I.D. #:</b> _____  |
| <b>State Sales Tax #:</b> _____   |
| <b>Type of Account Requested:</b><br><b>Complete Second Page</b>  |

|   |
|---|
| <b>Name of Owner(s):</b> _____<br>_____ |
| <b>Telephone :</b> _____<br>_____       |
| <b>Email:</b> _____                     |
| <b>Name of Lens Buyer:</b> _____        |
| <b>Telephone :</b> _____                |
| <b>Email:</b> _____                     |
| <b>Name of Frame Buyer:</b> _____       |
| <b>Telephone :</b> _____                |
| <b>Email:</b> _____                     |
| <b>AP Contact:</b> _____                |
| <b>Telephone :</b> _____                |
| <b>Email:</b> _____                     |
| <b>Bank name:</b> _____                 |
| <b>Bank Telephone:</b> _____            |
| <b>Bank Account #:</b> _____            |
| <b>Bank Contact:</b> _____              |

Page 2. Application for new account  
State Optical/ Premium Dynamic Lens and Frame / Paylesseyewear

**Open:** Pay by the 15th of the following month \_\_\_\_\_  
**C/C:** Place on C/C as each shipment is sent out \_\_\_\_\_

**Open Account** (complete info. below):

Provide 2 trade references below/ include current lab:

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Acc't. Number: \_\_\_\_\_

Company : \_\_\_\_\_

Telephone: \_\_\_\_\_

Acc't. Number: \_\_\_\_\_

With establishing an open account with State Optical, Premium Dynamic Lens  
I agree to pay full balance, appearing on the monthly statement,  
by the 15th of the following month.

Signature of owner: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of A.P. Contact: \_\_\_\_\_

Print Name: \_\_\_\_\_

Internal Use: Assigned Account Number: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- ⇒ Please Complete Trade Reference
- ⇒ Please Complete C/C Authorization Form

**Credit Card Account:**

Total on invoice will be placed on cc prior to product shipping:

C/C #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on C/C: \_\_\_\_\_

Billing Address of C/C: \_\_\_\_\_

I, \_\_\_\_\_ Authorize  
State Optical, Premium Dynamic Lens & Frame / Paylesseyewear  
to use the above credit card to pay for my lens and / or frame  
purchases for the company below:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_