

CREDIT APPLICATION

CENTRAL OPTICAL

Central Optical Co., Inc.
22 Gazza Boulevard, Farmingdale, NY 11735

631-753-9861 1-800-843-6999
FAX 631-753-9864

Date: _____

Business Information:

Company : _____ Contact _____

Address: _____ City _____ State ____ Zip _____

Phone: _____ Fax: _____ E-Mail _____

Federal Tax ID # _____ Yrs in Business: _____ Date Business Started: _____

Type of Entity(Y/N): Corporation _____ Partnership _____ Sole Proprietorship _____ Other _____

Purchase Orders Required? (Y/N) _____ Purchasing Manager: _____

Bank Information

1. Bank Name: _____ Account #: _____ Phone: _____

Address _____ City _____ ST ____ Zip _____ Contact: _____

Trade References

1. Business Name: _____ Phone: _____

Contact Name: _____ Fax: _____

2. Business Name: _____ Phone: _____

Contact Name: _____ Fax: _____

Any and all information is held in the strictest confidence.

CREDIT CARD INFORMATION

Card Holder Name: _____ Phone#: _____

Account #: _____ Exp. Date _____ Visa: _____ Master Card _____

OTHER TERMS AND CONDITIONS

I UNDERSTAND THAT MY statement must be paid in full and postmarked by the 10th of each month. There is a finance charge of 1.5% per month on all past due balances. I also agree to pay all late charges and legal fees necessary for collection if my payment is not received by the end of the month.

BY COMPLETING AND RETURNING THIS APPLICATION TO CENTRAL OPTICAL. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY CENTRAL OPTICAL OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT.

SIGNATURE

PRINT NAME

TITLE

DATE

(Central Optical)

Sales Rep _____ Credit Limit _____ Account No. _____ Date: _____

D & B Rating _____ Approved by _____