

# Credit Application

X-Tra Lite Optical  
15865 Chemical Lane  
Huntington Beach, CA 92649

Phone #: (800) 878-9872  
Fax # : (714) 892-8346

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Business Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Year Business Started: \_\_\_\_\_ Estimated Monthly Credit Required: \_\_\_\_\_  
Private Corp ( )    Public Corp ( )    Partnership ( )    Sole Proprietorship ( )

## **Principal Owners:**

<u>Name:</u>	<u>Home Address:</u>	<u>Phone #:</u>	<u>Title:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Bank References:**

Name of Bank: \_\_\_\_\_ Business Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Account Rep: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Business Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Account Rep: \_\_\_\_\_

## **Trade / Supplier References: (Please list 3)**

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

As part of this credit application, the customer agrees to pay all invoices within 30 days from the date of invoice or within 3 days from the statement date where a statement is provided. The customer agrees to pay a service charge of 1.5% per month (18% annualized rate) on all overdue balances. The customer agrees to also pay all reasonable attorney fees and related legal costs necessary in the collection of overdue amounts.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_