

Ron's Optical Credit Application

7820 Patterson Pass Rd, Livermore, CA 94550

Telephone: 800-247-7667 Fax: 877-247-3937

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BANK REFERENCES			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			
TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<p>I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit, and I hereby authorize you to obtain information from any of the references listed above. It is further understood and agreed that should this account at any time not be paid according to terms (Net 30), the undersigned will pay interest at the highest rate allowed by law in the State in which the undersigned resides or maintains a place of business. Should the account be turned over for collection, the undersigned will pay a reasonable attorney or collection fee.</p>			
SIGNATURES			
Authorized Signature: _____		Title: _____	
Printed Name: _____		Date: _____	