

OPTILENSUSA
12802 Murphy Rd., Suite C, Stafford TX, 77477
Tel: 281-494-3300 Fax: 281-494-1585
www.optilensusa.com

ACCT #

New Account Information and Credit Review

Type of Payment Desired

Applicant's Name _____

Company Check _____

Company Name _____

Cash or Money Order _____

Billing Address _____

Credit Card _____

City, State, ZIP _____

Telephone _____ Fax: _____

E-Mail _____

Business Type: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

Owner's /Partner's Name(s) _____

Business License # _____ (Please attach copy) Soc. Sec or FEIN# _____

State Sales Tax ID# _____ Bank Name _____

Contact: _____

Number of Years in Business _____ Acct No _____

A/P Contact: _____

Ship To Address if different than the billing _____

No. of Locations _____ (Please list addresses. Please advise if individual account nos. or individual drop ship desired)

Please provide 3 Trade References (One of the references must be an Optical Lab or Lens Supplier)

1) Name _____ Phone _____

Fax _____ Acct# _____

2) Name _____ Phone _____

Fax _____ Acct# _____

3) Name _____ Phone _____

Fax _____ Acct# _____

Non Credit Accounts

With establishment of this account I agree to pay for any materials and/or services prior to shipments. No orders will be shipped if payment was not received.

Credit Accounts

In Consideration for OptilensUSA extending credit to the business or individual identified for any materials and/or services after this date at the request of applicant or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to OptilensUSA by business identified above whether said sums are due under open account.

With establishment of this account I am aware that OptilensUSA will bill through the last day of the each month and I agree to pay the full balance appearing on the monthly statement by the 25th of the following month. If full payment is not received by the end of the month it may result in your account being placed on hold and delay the processing of your jobs. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay a late payment charge of \$25 and in addition to this, interest of the highest rate allowed by the State in which the undersigned resides or maintains a place of business on every balance overdue. If this account is turned over for collection the undersigned agrees to pay reasonable attorney or collection fees. Undersigned agrees to pay a \$50 fee for every bounced check. For security purposes, we require an active credit card authorization on file.

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit. I, _____, hereby authorize OptilensUSA to use the information provided here to

contact the sources listed above to verify all the necessary information about my business.

Owner's signature _____ Date _____

Owner's name _____ (no titles please)

Owner's social security number _____

***Please note that if you account is for resale, a California Resale Certificate is required. Please call and we will fax you the form. Thank You!

How did you hear about us?

Mail _____

Email _____

Telemarketing _____

Referral _____ Name _____

OptilensUSA

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Credit Card Use Authorization Form

Please complete and return via Fax.

Company Name _____

Card Holder's Name _____

Credit Card Billing Address _____

City _____ **State** _____

Zip _____

Type of Credit Card _____

(We accept AMEX, VISA, MASTERCARD or DISCOVER)

Credit Card Number _____

Expiration Date _____

Security Code _____

I, _____ (Please Print Credit Card Holder Name)

Authorize OptilensUSA to charge the above mentioned card for purchases made

by _____ (Please Print Company Name)

I authorize OptilensUSA to maintain and charge my credit card account number on file for all future purchases.

I will notify OptilensUSA of any changes.

Signature of Credit

Card Holder Date _____

OPTILENSUSA

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RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

_____ authorize you to provide information

to OptilensUSA Regarding my account:

Name on the Bank Account: _____

Bank Account Number: _____

Contact: _____

Fax: _____

A copy of this authorization may be accepted as an original.

Officer or Owner of the business

Date