

Superior Ophthalmic Coatings

Account Application Form

Please print

Complete this form and fax to Superior credit department (714) 938-9313

Date _____

Name of firm _____

If subsidiary, parent company _____

Check one: Proprietorship Partnership Corporation

Business address _____ City _____

State _____ Zip code _____ Phone # _____

Contact name _____ Fax # _____

E-mail address _____

Inhouse capabilities: Edging Surfacing AR Coating

Resale# _____

Years in business _____ At present location since (year) _____

Name of proprietor, partner or corporate officer _____

Home address _____ City _____ State _____

Zip code _____ Phone # _____ Social security # _____

Bank reference Name of bank _____

Name on account _____ Checking account # _____

Address _____ City _____ State _____

Zip code _____ Phone # _____ Loan officer _____

PLEASE COMPLETE THE SECOND PAGE

Business references (a minimum of three are required)

1. Name _____ Account # _____

Address _____ City _____ State _____

Zip code _____ Phone # _____

2. Name _____ Account # _____

Address _____ City _____ State _____

Zip code _____ Phone # _____

3. Name _____ Account # _____

Address _____ City _____ State _____

Zip code _____ Phone # _____

**** I understand the following terms and conditions:**

1. Terms are net 30 days EOM.
2. A service charge of 2% (24% annual percentage rate) will be applied to all balances unpaid after thirty (30) days EOM.
3. Superior Ophthalmic Coatings shall have the right to amend the terms and conditions of this agreement by written notice.
4. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and this account is placed in the hands of an agency or attorney for collection, I will pay an additional charge equal to the cost of collection including agency and attorney fees and the court costs incurred and permitted by laws governing these transactions.

I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit, and give Superior Ophthalmic Coatings the right to contact any references listed.

Signature of financially responsible person

Title