

Account Application

Date: _____

We hereby apply to you for an extension of credit. The following information is submitted as a basis for your consideration of our application.

PLEASE TYPE OR PRINT

Name of Firm _____

DBA (if applicable) _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

PLEASE CHECK ONE Individual Partnership Corporation S/S# _____ E.I.N# _____

PRINT FULL NAME OF OWNER OR AN AUTHORIZED OFFICER OF CORPORATION. LIST HOME ADDRESS, ZIP CODE & PHONE NUMBER.

Name _____ Name _____ Name _____

Home Address _____ Home Address _____ Home Address _____

Phone _____ Phone _____ Phone _____

Years Established _____ Incorporated _____ State _____

Bank Affiliation _____ Account # _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Do you now or have you in the past, had ownership in another account(s) serviced by Peninsula Optical under this or any other name?

Yes ___ No ___ If so, under what name(s)? _____

Are you a franchise? Yes ___ No ___ of what company? _____

_____ Tax Rate

Applicant's signature attests financial responsibility, ability and willingness to pay for all purchases and services charges incurred, in accordance with our terms of Net 10 EOM. It is understood and agreed that should this account at any time not be paid within agreed billing terms the undersigned will pay interest on the sum due at the maximum rate allowed by law, accruing daily beginning the day after the sum becomes due and payable, and ending on the day the sum is paid in full. Should this account be placed with an outside collection service and/or attorney for collection (whether or not a suit is filed), the undersigned will pay a 25% collection fee or a 35% attorney/collection fee, court costs, and all expenses incurred in connection with collecting past due accounts.

Print Name _____ Title _____ Signature _____

Print Name _____ Title _____ Signature _____

Print Name _____ Title _____ Signature _____

The undersigned, to induce the granting of credit to the above named firm, hereby personally guarantees the company's credit and willingness to pay as stated above. This shall be a continuing guarantee and shall not be affected by any extension of time, payment, modifications, or additions.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

