



ACCOUNT APPLICATION

Company Name _____
 Street Address _____
 City _____
 State _____ ZIP _____
 Phone _____
 Business since _____
 DUNS # _____

Buying Group _____
 Billing Address _____
 City _____
 State _____ ZIP _____
 Fax _____
 Tax ID # _____

Tax Exemption Status: Non-exempt Exempt ****If tax exempt, please attach certificate****
 Company Structure: C Corporation S Corporation Partnership Sole Proprietor
 Company Type: Independent ECP Retail Chain Wholesale Lab _____ Other (specify)

CONTACTS:

Main Contact: _____ Email: _____
 Accts Payable: _____ Email: _____
 Company Website: _____

Essilor equipment installed? Yes No Model & Serial Number: _____

TRADE REFERENCES:

 Full Name City/State (_____) Phone (_____) Fax

 Full Name City/State (_____) Phone (_____) Fax

BANK & LENDING REFERENCE:

 Full Name City/State (_____) Phone
 Account Number _____ Contact _____

*By signing this agreement, I/We authorize the financial institutions and supplier references listed above to provide all available credit and financial information to Essilor Instruments USA. I/We also authorize Essilor Instruments USA to contact the above financial institutions and supplier references. A copy of this agreement is valid as the original authorization to release information.
 **By signing this agreement, I/We agree to reimburse Essilor Instruments USA for any expenses incurred by it in protecting or enforcing its rights under this agreement in the event of any default by customers.
 ***Expenses" include, without limitation, reasonable attorney's fees, legal expenses and other costs of collection. I/We agree to pay all invoices within your terms noted on the quotation unless otherwise specified.

Signature _____ Date _____

Print Name / Title _____ / _____

INTERNAL USE ONLY		
Date Received _____	Credit Limit _____	Acct # _____