



CREDIT APPLICATION

Company Name: _____

DBA (If different): _____

Billing Address: _____

Shipping Address (If different): _____

Office Phone: _____ Fax: _____

Federal Tax ID: _____ Tax Exempt: yes / no (If yes please include Resale Certificate)

Buyers Name: [grid of 20 boxes]

Email Contact: [grid of 20 boxes]

Owner Name: [grid of 20 boxes]

Type of Ownership: Corporation / Partnership / Sole Proprietor / Individual
Type of Store: Optometry Office / Optical Dispenser/ Sunglasses Specialty / Boutique / Major Chain / Online /Other

Billing Information

Billing Contact: [grid of 20 boxes]

Email: [grid of 20 boxes]

Phone: _____ Fax: _____

Terms and Conditions of sale will be agreed upon between Prologue Vision LLC and the undersigned, based upon credit rating. Most common terms are Net30. Unpaid invoices beyond 30 days may be subjected to a late fee. Abuse of our terms will result in customer being placed on payment before shipping basis only. Any invoice becoming 90 days past due will be charged to the card we have on file and if declined may be given to a collection agency.

I, the undersigned, certify that the information on this form is correct and are made for the purpose of obtaining credit. Upon credit rating, references may be required before opening an account.

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

* All information provided will be held in the strictest confidence.