



# ADVANCE OPTICAL

## CREDIT APPLICATION

The following information is for the purpose of obtaining credit and is warranted to be true and correct. I/We hereby authorize **Advance Optical Sales, Inc.** to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name(Legal) \_\_\_\_\_  
DBA \_\_\_\_\_  
Type of Business \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
A/P Contact \_\_\_\_\_ Ext# \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Corporation	<input type="checkbox"/>	Limited Liability Co	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>
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Year Business Started \_\_\_\_\_ Fed ID # or SS# \_\_\_\_\_ Resale Cert # \_\_\_\_\_

### Principal Owners or Officers

Name	Title	Social Security #	Home Address

### Bank Reference

Bank Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Acct # \_\_\_\_\_

### Trade References (Please List 3 including Account Numbers)

Name \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ Contact \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ Contact \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ Contact \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**(Must be signed by Owner or Principal Officer of the Company)**

Applicant's signature attests financial responsibility to pay Advance Optical Statements within published terms. Any amounts due and owing for a period of more than 30 days shall be subject to a finance charge of 1.5% per month(18% per annum). Applicant will be responsible for Attorney's fees court costs and post judgment interest if default litigation occurs. This agreement shall be enforced in accordance with the laws of the state of New York.

Salesperson \_\_\_\_\_

Credit Application should be returned to :

Advance Optical Sales, Inc. 37 Goodway Drive, Rochester, NY 14623 Phone: (800) 462-6723 · (800)828-6331 Fax:(585)272-1602



# ADVANCE OPTICAL ACCOUNT PROFILE SHEET

(please print clearly)

Account Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Staff Names and Titles:

_____	_____
_____	_____
_____	_____
_____	_____

Preferred Method of Ordering:

- Phone
- Fax
- DVI RxWizard
- Vision Web
- Officemate/Eyefinity

Please fax sheet to 585-272-1602

*THANK YOU for taking the time to give us this accurate information.  
THANK YOU for giving us the opportunity to service your optical needs.*