



CREDIT APPLICATION

TO BE COMPLETED BY SALESPERSON

DATE: ___/___/___

SALESPERSON # _____

TRADE NAME OF FIRM: _____

LEGAL NAME: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

SUBSIDIARY OF _____ DIVISION OF _____

YEAR ESTABLISHED _____

TYPE OF BUSINESS: ___ **CORPORATION** ___ **PARTNERSHIP** ___ **INDIVIDUAL OWNER**

KIND OF BUSINESS _____ FEID# _____

NAMES OF PRINCIPAL OWNERS: _____ TITLE _____

_____ TITLE _____

NAME OF PERSON IN CHARGE OF A/P: _____

PHONE _____ FAX _____ e-mail: _____

NAME OF BANK: _____ CHECKING/SAVINGS ACCT# _____

ADDRESS: _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ ACCT REP _____

PHONE _____ TITLE: _____

FAX: _____

CREDIT CARD INFORMATION:

CC# _____ EXPIRATION DATE: _____

CVS# _____ Billing ZIP CODE: _____

BUSINESS REFERENCES

(With whom you do same dollar or greater volume as credit line requested)

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT: _____

PHONE: _____

FAX: _____

CUSTOMER'S AGREEMENT (Please keep this for your records) I acknowledge and understand the following:

1. Our regular terms are net 30 days from date of shipment.
2. If credit is extended, the above organization will be responsible for paying 1 1/2 % (or the legally highest interest rate) finance charge per month on delinquent accounts and the recovery of reasonable collection and attorney fees (not to exceed 40 %) in the event that an account is turned over for collection.
3. If your invoices are not paid under the terms established you give us authorization to charge the credit card on file.
4. My signature below authorizes all parties stated above to release any necessary information to OPTEC INC including but not limited to banking information.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____