

We hereby apply for an extension of credit with **Truckee Meadows Optical**.

Company Name _____
DBA (if applicable) _____
Street Address _____
City / State / Zip _____ / _____ / _____
Telephone / FAX _____ / _____
State Any Affiliation(s)
(IDOC, PERC, IVA, etc.) _____

Please Circle One: Individual Partnership Corporation

Full name of owner(s) or authorized officer(s) of the corporation. List home address and telephone number.

Name _____

Address _____

City / State / Zip _____

Telephone / Cell _____

Name _____

Address _____

City / State / Zip _____

Telephone / Cell _____

Years Established _____

Years Incorporated _____

State Incorporated _____

Sales and Use Tax Exempt: Yes _____ No _____ If yes, please furnish a copy of your Exemption Certificates
Bank Affiliation / Account # _____ / _____
Bank Address _____
City / State / ZIP / Telephone _____ / _____ / _____ / _____

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

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

Are you a franchise:

Yes _____ No _____ If so, of what company? _____

Authorized Buyers _____



Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of NET 30. In consideration of the granting of credit to this company, to the persons or companies to whom credit is extended pursuant to the above application, the undersigned unconditionally, jointly and severally, guarantee(s) payment for all purchases, made by said persons or companies. Should this account have to be placed with an outside collection service and/or attorney, the undersigned agrees to be responsible for an additional 25% of the amount outstanding to cover the cost of collection.

Signature _____ Date _____

The undersigned, to induce the granting of credit to the above named company, hereby personally guarantees the company's credit. This shall be a continuing guarantee and shall not be affected by an extension of time, payment, modification or additions.

Signature _____ Date _____

Trade References

Name _____

Address _____

City / State / Zip _____

Telephone _____

Account Number _____

Name _____

Address _____

City / State / Zip _____

Telephone _____

Account Number _____

Please check which best describes your company:

Optometrist Ophthalmologist Optician

Please check services that apply:

Uncut Finished Stock Supplies Lab to Lab

Please check preferred shipping:

UPS Unity Local Courier

