

# CREDIT APPLICATION FORM

Please complete the application in full.  
 - Scan and email to info@reliableoptics.com  
 - OR fax to 718.369.2591



50 - 20th Street • 2nd floor • Brooklyn, NY 11232  
 866.772.5367 (LENS) 718.369.5060 Fax 718.369.2496  
 www.reliableoptics.com

Account Number
Overall Credit Rating
Credit Limit
Date Approved
Approved by

Company Name \_\_\_\_\_ Fed Tax I.D. \_\_\_\_\_  
 Type of Business \_\_\_\_\_ In Business Since \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Contact Person/Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_  
 E-mail \_\_\_\_\_ Company Web Address \_\_\_\_\_

**Proprietors, Partners or Company Officers**

	Name	Title	Soc. Sec. #	Telephone #
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____

Bank Name/Branch Location \_\_\_\_\_

Contact \_\_\_\_\_ Account Number: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Trade References:**

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Telephone # \_\_\_\_\_

THE UNDERSIGNED HAS GIVEN THE ABOVE INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT AND REPRESENTS THAT SAID INFORMATION IS ACCURATE AND COMPLETE. THE SIGNATURE BELOW SHALL BE AUTHORITY FOR BANKING AND TRADE REFERENCES TO RELEASE CREDIT INFORMATION. THE UNDERSIGNED FURTHER AGREES TO PAY FOR MERCHANDISE AND/OR SERVICES WITHIN THE RELIABLE OPTICS BILLING TERMS OF NET 30 AND UNDERSTANDS THAT PAST DUE BALANCES ARE SUBJECT TO A MONTHLY 1.5% SERVICE CHARGE WHICH WILL NOT BE CANCELLED UNLESS A BILLING ERROR HAS OCCURRED. IN THE EVENT OF DEFAULT, THE UNDERSIGNED AGREES TO PAY REASONABLE ATTORNEY FEES AND OTHER COSTS INCURRED IN COLLECTION. THE UNDERSIGNED UNDERSTANDS THAT AUTHORIZED RETURNS ARE FOR EXCHANGE ONLY AND THAT ANY CREDITS ISSUED ARE MERCHANDISE CREDITS.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL GUARANTEE FOR: \_\_\_\_\_  
 (Business Name)

To induce Reliable Optics to approve this Credit Application and in consideration of its so doing, we, the undersigned, do hereby jointly, severally, and personally guarantee the above purchaser's full performance of said purchase agreement and hereby agree to indemnify Reliable Optics against any and all damage, loss, expense (including attorney's fees) and/or liability sustained by Reliable Optics by reason of or related to, the above purchaser's failure to perform or to pay when due, charges incurred in accordance with the above agreement. Reliable Optics may enforce this agreement against the undersigned or any of them, jointly or severally, whether or not any action is ever taken by it against the above Purchaser or extensions of additional credit to the Purchaser. I consent to Reliable Optics attaining an individual credit report.

\_\_\_\_\_  
 Name (Print) Social Security Number Signature  
 \_\_\_\_\_  
 Home Address Home Phone Number

**CREDIT CARD  
PAYMENT AUTHORIZATION**

Please complete the authorization in full.  
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**DATE** \_\_\_\_\_

**COMPANY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

I authorize Reliable Optics to charge for company orders to the above credit card. If a credit card is to be added or deleted from this list, I will notify Reliable Optics in writing of the change.

Circle One: **MC VISA AMEX DISCOVER**      **EXPIRATION** \_\_\_\_\_ **LIMIT** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**