



## APPLICATION FOR CREDIT

Fax Back (866) 284-3610 or e-mail to [customerservice@augenusa.com](mailto:customerservice@augenusa.com)

Account Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Trade Name \_\_\_\_\_ Contact \_\_\_\_\_ AP Contact \_\_\_\_\_

EIN/TAX ID. # \_\_\_\_\_ e-mail \_\_\_\_\_

Buying Group \_\_\_\_\_

### **BILLING ADDRESS**

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

### **SHIPPING ADDRESS**

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

### **OWNERSHIP**

Circle one:      Corporation      Partnership      Sole Proprietorship

Owner \_\_\_\_\_ Date Business Started \_\_\_\_\_

Owner \_\_\_\_\_ Length at Above Physical Address \_\_\_\_\_

### **BANK**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### **TRADE REFERENCES**

1) Company \_\_\_\_\_ Phone \_\_\_\_\_ Account # \_\_\_\_\_

2) Company \_\_\_\_\_ Phone \_\_\_\_\_ Account # \_\_\_\_\_

3) Company \_\_\_\_\_ Phone \_\_\_\_\_ Account # \_\_\_\_\_

4) Company \_\_\_\_\_ Phone \_\_\_\_\_ Account # \_\_\_\_\_

I hereby certify that the above information is true correct. This information is provided for the sole purpose of obtaining credit and I hereby authorize Augen Optics USA to obtain information from any of the references listed above. If it is further understood and agreed that should this account at any time not be paid according to terms set by Augen Optics USA, the undersigned will pay interest on the outstanding balance or balances. If this account, at any time, is turned over for collections reasonable attorney or collection fees will be paid in full.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_