



New Account Credit Application

Firm or Business Name/DBA: _____

Person Responsible for Charges): _____

Street Address: _____

Billing Address: _____

City _____ State _____ Zip _____

Telephone () _____ 7. Fax () _____

Tax Exempt? _____ If Yes, please provide documentation

E-Mail Address: _____

Accounts Payable Contact Name/Telephone Number: _____

Years in Business _____ 12. Federal Tax Number: _____

Type of Business: ___ Sole Proprietorship ___ Corporation ___ Partnership ___ Subsidiary

Credit References: (Please provide two)

1. Company Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

How Long Have You Been Doing Business with This Company? _____

2. Company Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

How Long Have You Been Doing Business with This Company? _____

PLEASE READ & INITIAL-Initials indicate acceptance of additional fees.

_____ Any unpaid balance owed is subject to collection costs from us and/or assigned collection agency/attorney.

I hereby warrant that the above information is true and correct and is furnished for the purpose of establishing a vendor relationship with Sunstar Optical/Essilor Of America. I hereby agree that Sunstar Optical may investigate my record and that, if approved, Sunstar Optical may furnish this authorization to secure the information they need to establish a business relationship.

Name Title

FOR INTERNAL USE ONLY

Pricelist/Buying Group _____

Promotions/Special Terms _____ Expires _____
