



US Optical LLC
6848 Ellicott Drive
East Syracuse, NY 13057

www.usoptical.com

Tel: 1-800-4GLASSES
(1-800-445-2773)
315-463-4800
Fax: 315-437-7342

Business name: _____ Address: _____
Contact name: _____

CREDIT APPLICATION

Dear Customer:

Please complete this credit application form and fax it to us at 1-315-437-7342

E-mail address: _____

Business phone: (____) _____ - _____ Fax: (____) _____ - _____

Manufacturer, Distributer, Retailer, Lab, OD, MD (circle one) Other: _____

Sole proprietor Soc. Sec. # or Federal ID # : _____

Partners: _____ , _____

Corporation: _____ President: _____

Resale No. if merchandise for resale: _____ . # of years in business: _____

Branches: _____

Bank References: _____

Trade References(include address):

- 1- _____

- 2- _____

- 3- _____

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit, and I hereby authorize you to obtain information from any of the references listed above.

It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay interest at the highest rate allowed by law in the state in which the undersigned resides or maintains a place of business, and, if the account is turned over for collection, will pay a reasonable attorney or collection fee.

Signed: _____ Date: _____ Title: _____

Print Name : _____