EYE KRAFT OPTICAL, INC
NEW ACCOUNT/CREDIT APPLICATION
FAX: 1-800-950-7070

Phone: 888-455-2022 **E-Mail: info@EyeKraft.com**

I. ACCOUNT INFORMATION (all information is required)

Name of Legal Entity	Telephone	Fax

Bill-To Address (statement will be mailed here)	City / State / Zip	Business Office Contact Person

Ship-To Address (if different than above)	City / State / zip

Exempt From Sales Tax? Y ○ N ○ Business E-mail Address

III. BUSINESS ORGANIZATION (Federal Tax ID or SSN is required)

Company Organization: Sole Proprietor ○ Partnership ○ Corporation ○ LLC ○ PA ○ — State of Business Formation

Business Type: O.D. ○ M.D. ○ Optician ○ Wholesale ○ Government ○ Industrial ○ — Date of Business Formation

CHOOSE ONE: ○ Federal Tax I.D. *(preferred)* ○ Social Security Number — Enter I.D. Number Here

Do you want to bill through a Buying Group? N ○ Y ○	Name of Buying Group	Enter Group I.D. Number Here

Name of Business Owner #1	City / State / Zip	Telephone

Name of Business Owner #2	City / State / Zip	Telephone

IV. TRADE REFERENCES *(such as current wholesale lab supplier)*

Optical Lab Reference	Laboratory Name	Account Number

Non-Lab Reference	City / State / Zip	Telephone

V. REQUIRED SIGNATURE

I hereby grant permission to Eye Kraft to obtain any and all information they deem necessary to process this application and then re-verify any information at a later date.

I authorize the use of a photocopy of this credit application for verification purposes and request that such a photocopy be honored as fully as if it were an original.

Signature_____ Print Name_____ Date _____

BILLING TERMS: Terms are discount 10 days EOM. Net 30 Days. Bills unpaid after 30 days are charged 1.5% (18% per annum).

COLLECTION CHARGES AND COSTS: In opening your account at Eye Kraft, you assume and become totally responsible for all collection costs both personally, corporately, and/or under an "assumed name." The purchaser's acceptance of special ordered prescription lenses and/or associated services and subsequent failure to reimburse Eye Kraft for those lenses or services rendered will result in charges being assessed for all costs incurred by Eye Kraft, their attorneys, accountants, collection agency fees and any court costs plus interest charges. These charges will be added to the unpaid balance and become the responsibility of the purchaser in full.

INTERNAL USE ONLY

Customer Account Number	Bill-To Account Number	Medica Acct #	Credit Limit	Branch Location

Customer Class	Discount / Price List	Buying Group Number	Mailing Group #	Collector

Exempt? o N o Y	Tax Code	Customer Notification? o N o Y	Date Customer Notified (if appropriate)