



EYE KRAFT OPTICAL, INC
NEW ACCOUNT/CREDIT APPLICATION

FAX: 1-800-950-7070

Phone: 888-455-2022 E-Mail: admininfo@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: 1 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 Member 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 or electronic transmission of this credit application for verification purposes and request that such copies be honored as fully as if they 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). New accounts are extended \$5,000 credit per month for 90 days after becoming active. If orders exceed \$5,000 prior to EOM, partial statement payments will be requested to maintain active status. After 90 days of adherence to terms, credit limits may be removed.

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? 0 N 0 Y	Tax Code	Customer Notification? 0 N 0 Y	Date Customer Notified (if appropriate)		