

**Conant Lens Inc.**

2255 Sewell Mill Rd. Suite 140  
Marietta, GA 30062. USA

**Tel: 770-509-7860**  
**Fax: 770-579-9227**

**APPLICATION FOR CREDIT**

**Date:** \_\_\_\_\_

**Legal Name** \_\_\_\_\_

**Trade Name, if any** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Business Fax** \_\_\_\_\_

**Check all that apply: Sole Proprietor** \_\_\_ **Partnership** \_\_\_ **Corporation** \_\_\_ **Other** \_\_\_

**Year Business Commenced** \_\_\_\_\_ **Federal ID #** \_\_\_\_\_

**Owner or Principal's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Owner or Principal's Home Address** \_\_\_\_\_

**Bank Reference: Bank** \_\_\_\_\_ **Officer** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_

The undersigned hereby apply for credit and certify that the above information is true and correct and is provided exclusively for the purpose of obtaining credit. You are authorized to obtain information from any references listed or from any credit-reporting agency.

It is understood that your terms are 10<sup>th</sup> month and it will be charged due fee for \$10/statement per month. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay interest on the unpaid balance at the highest rate allowed by law in the state in which the undersigned resides or maintains a place of business. If the account is turned over for collection the undersigned will pay a reasonable attorney's fee, collection fees, and/or court costs.

In the event of default of payment to Conant Lens Inc., the principals, owner and/or undersigned assume personal responsibility for all outstanding balances and finance charges and fees associated with any and all attempts to collect past due balance.

**(Please Print) Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_