



CREDIT APPLICATION

Select Lab

MH Optical

128 Leuning St., So. Hackensack, NJ 07606 - V: 800-445-3090 / F: 201-457-0482

Pelican Optical

6850 Whitfield Ind Ave., Sarasota, FL 34243 - V: 800-862-0966 / F: 800-862-1933

New Hampshire Optical

32 Library St., Allenstown, NH 03275 - V: 800-852-3717 / F: 603-218-1480

Date _____

The following information is submitted as a basis for a consideration for an extension of credit.

Name of Firm _____

Street Address _____ Phone _____

City _____ State _____ ZIP _____

Lab Contact _____ Email _____

PLEASE CHECK Individual Partnership Corporation Tax ID # _____

FULL NAME OF OWNER(S) OR OFFICERS(S) OF COMPANY. LIST HOME ADDRESS & PHONE.

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____ SS# _____	Phone _____ SS# _____

Years Established _____ Incorporated _____ State _____

Bank Affiliation _____ Account# _____

Street _____ City _____ State _____ ZIP _____

Have you had an account with us under this or any other name Yes No

If Yes, State Name _____ Account Number _____

Authorized Buyers _____ Billing Contact _____

Maximum Credit Applied for \$ _____ Terms Desired Net 30 COD CBD

TRADE REFERENCES

Company Name _____	Company Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____ Account# _____	Phone _____ Account# _____

Applicants' signatures attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of 'Net 10 EOM.' In consideration of the granting of credit by this company, to the persons or companies to whom credit is extended pursuant to the above application, the undersigned unconditionally, jointly and severally, guarantee(s) payment for all purchases made by said persons or companies. In addition, the undersigned guarantee(s) payment for any late fees and costs of collection including reasonable attorney fees. The undersigned waive(s) notice of acceptance of this guarantee and notice of any default and demand of every kind, nature and description and waive(s) notice of the accrual of any obligation or liability of any persons or companies of the undersigned. The undersigned official, to introduce the granting of credit to the above named firm, hereby personally guarantees the company's credit. This shall be a continuing guarantee and shall not be affected by any extension of time, payment, modification, or addition.

Signed _____ Date _____

Name Printed _____

Set up for Online Access Yes No

Would you like to set up for automatic payments? Yes No

Preferred Shipper _____

Assigned by LAB	
Account# _____	
Sales Rep _____	Credit _____