



Optical Laboratory
Seeing is believing...

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(305) 591-4412
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Confidential Credit Application

We welcome your interest in doing business with our company. For your convenience and to serve you more efficiently, we encourage establishment of an open account. All information submitted will be held in the strictest confidence and used for reference purposes within our credit department. The extent to which this application is completed will assist us in determining the extent of your line of credit.

DATE: _____

FIRM NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

LEGAL STATUS: (select one) PROPRIETORSHIP PARTNERSHIP CORPORATION

YEAR ESTABLISHED: _____ UNDER PRESENT OWNERSHIP SINCE: _____

BUSINESS PROPERTY: (select one) OWNED LEASED

TYPE OF BUSINESS: (select one) RETAIL WHOLESALE FEDERAL I.D. # _____

OFFICERS/OWNERS' NAMES: _____ TITLES: _____ RESIDENCES: _____ TELEPHONE: _____

TRADE REFERENCES:

NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:	TELEPHONE:

BANK REFERENCE (Name & Branch): _____ ACCOUNT #: _____

ADDRESS: _____ TELEPHONE: _____

NAME OF OFFICER YOU DEAL WITH: _____ DATE ACCOUNT OPENED: _____

TERMS: NET10 DAYS FROM DATE OF STATEMENT. 2% PER MONTH CHARGE ON ALL OPEN ITEMS OVER 30 DAYS.

In consideration of credit being extended by Galileo Optical Laboratory the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, and other entity; the undersigned guarantor and guarantors each hereby contract and guarantee to Galileo Optical Laboratory the faithful payment when due of, all accounts of said expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor and guarantors of dishonor and default by applicant with respect to any security held by Galileo Optical Laboratory extension of time payment to applicant acceptance of partial payment and partial compromise. All other notices to which the undersigned guarantor and/or guarantors might otherwise be entitled to and demand for payment under these guarantees. I understand that upon my account becoming delinquent, I will be held responsible for all costs incurred in collections, plus any reasonable attorneys' fees and court costs. **The use of a corporate title in no way shall affect the personal liability of this guarantee.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE GALILEO OPTICAL LABORATORY TO VERIFY ANY AND ALL REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CRDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORTING AGENCIES.

Applicant: _____
(Signature & Title of Authorized Officer) Social Security No. _____ Date _____

FOR CREDIT DEPARTMENT USE ONLY

REQUESTED BY: _____ DISPOSITION: _____

DATE ACCOUNT OPENED: _____ CREDIT LIMIT: _____

COMMENTS: _____