



# N.H. OPTICAL LABORATORY LLC

40 Terrill Park Drive - Concord, NH 03301

800-852-3717 - www.NHOptical.com - Fax 603-225-4834

## Credit Application

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: \_\_\_\_\_

PLEASE CHECK: Individual Partnership Corporation Tax ID # \_\_\_\_\_

**FULL NAME OF OWNER(S) OR OFFICERS(S) OF CORPORATION. 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: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

Sales & Use Tax Exempt: Yes No If yes, please furnish a copy of your Exemption Certificates.

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

Listed with: Lyons \_\_\_\_\_ D&B \_\_\_\_\_ Allied: \_\_\_\_\_

### TRADE REFERENCES

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| Company Name: _____                  | Company Name: _____                  |
| Address: _____                       | Address: _____                       |
| City, State, Zip _____               | City, State, Zip _____               |
| Phone: (____) _____ Account #: _____ | Phone: (____) _____ Account #: _____ |

Applicants signature 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: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_