



### CUSTOMER CREDIT APPLICATION

#### BUSINESS CONTACT INFORMATION

|                            |              |                            |        |
|----------------------------|--------------|----------------------------|--------|
| Company Name:              |              |                            |        |
| Phone:                     | Fax:         | Email:                     |        |
| Billing Address:           |              |                            |        |
| City:                      | State:       | Zip:                       |        |
| Shipping Address:          |              |                            |        |
| City:                      | State:       | Zip:                       |        |
| Business Commence Date:    |              | State or Tax ID#:          |        |
| Sole Proprietorship:       | Partnership: | Corporation:               | Other: |
| Tax Exempt #:              |              | State Resale #:            |        |
| Please attach Certificate. |              | Please attach Certificate. |        |

#### BUSINESS AND CREDIT INFORMATION

|                           |                 |        |  |
|---------------------------|-----------------|--------|--|
| Primary Business Address: |                 |        |  |
| City:                     | State:          | Zip:   |  |
| Telephone:                | Fax:            | Email: |  |
| Bank Name:                |                 |        |  |
| Bank Address:             |                 |        |  |
| City:                     | State:          | Zip:   |  |
| Type of Account:          | Account Number: |        |  |
| Savings:                  |                 |        |  |
| Checking:                 |                 |        |  |
| Other:                    |                 |        |  |

#### BUSINESS/TRADE REFERENCES

|               |      |        |  |
|---------------|------|--------|--|
| Company Name: |      |        |  |
| Phone:        | Fax: | Email: |  |
| Account #:    |      |        |  |
| Company Name: |      |        |  |
| Phone:        | Fax: | Email: |  |
| Account #:    |      |        |  |
| Company Name: |      |        |  |
| Phone:        | Fax: | Email: |  |
| Account #:    |      |        |  |

#### AGREEMENT

1. I certify that the above information is true and correct and I agree to pay all invoices within 15 days from the date of the monthly statement. Additionally, I accept any and all late fees and/or interest as imposed on my account as permitted by law.
2. By submitting this application, I authorize Encore Optical Laboratories, LLC to make inquiries into the banking and business/trade references supplied above.
3. I understand that all past due balances will be subject to a 1.5% per month service charge. In the event of default for non-payment, I further agree to pay for all expenses related to collection of payments, including but not limited to, Court Costs, Attorney Fees, and Collection Agency Fees.
4. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

|             |             |
|-------------|-------------|
| Print Name: | Print Name: |
| Signature:  | Signature:  |
| Title:      | Title:      |
| Date:       | Date:       |



### CREDIT CARD AUTHORIZATION FORM

#### BUSINESS CONTACT INFORMATION

|                                |                                              |
|--------------------------------|----------------------------------------------|
| Encore Optical Account Number: |                                              |
| Company Name:                  |                                              |
| Name on Credit Card:           |                                              |
| Credit Card Type:              | Visa      MasterCard      AmEx      Discover |
| Credit Card #:                 |                                              |
| Expiration Date:               |                                              |
| CVV:                           |                                              |
| Billing Address:               |                                              |
| City:                          |                                              |
| State:                         |                                              |
| Zip:                           |                                              |
| Country:                       |                                              |
| Telephone:                     |                                              |

#### AGREEMENT

1. I certify that the above information is true and correct and I agree to pay all invoices within 15 days from the date of the monthly statement. Additionally, I accept any and all late fees and/or interest as imposed on my account as permitted by law.
2. By submitting this authorization form, I authorize Encore Optical Laboratories, LLC to charge the above credit card if no payment is received by the 20th day from the date of the monthly statement.
3. I understand that all past due balances will be subject to a 1.5% per month service charge. In the event of default for non-payment, I further agree to pay for all expenses related to collection of payments, including but not limited to, Court Costs, Attorney Fees, and Collection Agency Fees.
4. I understand that Encore Optical Laboratories, LLC. will charge a 3% convenience fee for use of credit card.
5. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

|             |       |             |       |
|-------------|-------|-------------|-------|
| Print Name: |       | Print Name: |       |
| Signature:  |       | Signature:  |       |
| Title:      | Date: | Title:      | Date: |



**PERSONAL GUARANTEE**

Business Name Requesting Credit:

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**Personal Guarantee:**

To process the application with your personal guarantee, we must have your name, street address, date of birth and other identifying information, and we may ask for identifying documents from you as well.

I agree to be liable for any unpaid amounts on this Account. I authorize ENCORE OPTICAL LABORATORIES, LLC., to investigate my personal credit and financial records, including my banking records. I understand that ENCORE OPTICAL LABORATORIES, LLC. or its agent, may request my personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account.

|                                      |        |                            |                        |
|--------------------------------------|--------|----------------------------|------------------------|
| First Name                           | Middle | Last Name                  | Social Security Number |
| Present home Address (No P.O. Boxes) |        | Home Phone Number<br>( ) - | Date of Birth<br>/ /   |
| City                                 |        | State                      | Zip Code               |

In consideration of ENCORE OPTICAL LABORATORIES, LLC. extending credit to applicant under the terms of the ENCORE OPTICAL LABORATORIES, LLC. Terms and Conditions Agreement, included in the Credit Application, if credit is granted, I agree to personally guarantee payment of the debt, including any reasonable attorney’s fees, arbitration, court of other collection costs as permitted by law and as incurred. In the event of any default, I agree that ENCORE OPTICAL LABORATORIES, LLC. can enforce this guarantee, without first proceeding against the applicant, until the ENCORE OPTICAL LABORATORIES, LLC. Agreement has been terminated and all amounts due have been paid. I waive all notice regarding the governing Card Agreement and this guarantee. I agree to guarantee payment even if the terms of the governing Card Agreement are changed. I understand that any negative information including failure to make required payments on the account may be reported to the appropriate reporting agency.

Personal Guarantor  
Signature\_\_\_\_\_

Date\_\_\_\_\_