



Doctors Optical Labs

PROSPECTIVE ACCOUNT CREDIT APPLICATION

Please ensure all fields are completed to allow for timely processing of your application.

Email completed applications to Crystal.D@doctorsopticallabs.com

Company information:

Legal Company Name:		DBA:	
Are you a member of a Buying Group?	Name of Group:	Acct No.:	
Address:			
City:	State:	Zip code:	
Phone:	Fax:		
Business Type (Circle One):	Retailer/Private Office	Chain/Franchise	Distributor
Email Address:			
Years in Business:			

Please list three partners or corporate officers:

1. Name, Title, Phone:
2. Name, Title, Phone:
3. Name, Title, Phone:

Person to contact regarding purchase orders and invoice payments:

Name and Title:
Address:
Phone:

Please provide two Bank References:

Bank Name & Address:	
Account Number:	Contact Name & Phone:
Bank Name & Address:	
Account Number:	Contact Name & Phone:

Please provide two trade references:

Name & Address:	
Account Number:	Contact Name & Phone:
Name & Address:	
Account Number:	Contact Name & Phone:

The above information is completed and to be submitted for the purpose of opening an account. I hereby certify that the information is true. Doctors Optical Labs is authorized to obtain credit information relating to our business and bank accounts. I understand that should attorney or collection efforts be necessary; all reasonable attorney and collection fees will be paid by the customer. I understand the terms and conditions set forth and my personal guarantee of buyer's obligations.

Signature of owner or officer of the company: _____

Print Name:

Title:

Date:

FEIN: