



NEW ACCOUNT APPLICATION

Date _____ Referred by: _____

Account Information

Name of Business:		Business Type		Tax ID
Street		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		_____
Suite		Phone		_____
P.O. Box	Fax		E-Mail Address	
City	State	Zip	Years in Operation	
Accounts Payable Contact	Accounts Payable Phone		Years at This Location	
Doctor's Name		Office Manager's Name		

Owner Information

Principle Owner's Name _____

Street	Suite	E-Mail Address
P.O. Box	Phone	Fax
City	State	Zip

References List three current suppliers we may contact for account and credit verification. Please include name, address, phone number & account number.

Name and Address	Phone	Account Number
_____	_____	_____
Name and Address	Phone	Account Number
_____	_____	_____
Name and Address	Phone	Account Number
_____	_____	_____

Bank Information

Name and Address	Phone	Account Number
_____	_____	_____

Payment Terms Invoices will accompany each order filled by the lab. A monthly statement shall be sent summarizing all amounts due. Payment shall be made in accordance with the amount set forth on the statement and is due by the 15th day of each month. All past due amounts shall be subject to a finance charge of one and one-half percent (1 1/2%) per month. A \$25 fee will be assessed on all returned checks.

I hereby certify that I am an authorized agent and that the above information is true and correct. I promise to promptly and in good faith, pay all debts present and future in accordance with the above payment terms to OMNI Optical Lab. In the event of default of payment, I will reimburse OMNI Optical Lab for any and all collection fees, court cost and attorney fees related to the collection process.

Signature: _____

Print name and title _____

For office use only:		
Approved by	Account Number	Credit Limit
_____	_____	_____
Representative's Name	References Checked by	
_____	_____	

Telephone 800/324-5221

Fax 800/505-8732

Web Address: www.omnioptical.com