



OmniOptical
L A B

NEW ACCOUNT APPLICATION

Date

Referred by or Sales Consultant

Account Information

Full Company Name

Buying Group

Street

Suite

Years in Operation

Years at This Location

City

State

Zip

Tax ID#

Phone

Fax

Business Type:

Sole Proprietor

Partnership

Corporation

Primary Email Address

Doctor's Name

Office Manager's Name

Accounts Payable Contact

Accounts Payable Phone

Owner Information

Principle Owner's Name

Phone

Address

Suite

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.

Check here if you are interested in no-fee, monthly auto-payment via credit card.

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 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: _____

Printed Name

Title

For office use only:

Approved by

Account Number

Credit Limit

Date Active

References Checked by

Fax: 800-505-8732

Telephone: 800-324-5221

Email: applications@omnioptical.com