

Schroeder Optical Co. Inc. Credit Application

Business Name: _____ Phone _____

E-mail _____

Billing Address _____ For past _____ years
(street) (state) (zip code)

Fed Tax I.D. Number _____ How Long in Business _____

Type of Business _____ Date Established _____

OWNERSHIP: () Proprietorship () Partnership () Corporation () Limited Liability Company

Principal: _____
(Name) (title) (SS#) (home address)

Principal: _____
(name) (title) (SS#) (home address)

(Name Suppliers of major products and services)

Name _____ Phone _____ Acct# _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Acct# _____

Address _____ City _____ State _____ Zip _____

BANK: _____
(name) (address) (Phone) (contact)

Checking Acct.# _____

To the extent Applicant's credit request is approved, the following regulations govern the extension of credit to customer of Schroeder Optical Inc.

1. Standard selling terms are net 30 days.
2. In the event of non-payment of an obligation due Schroeder Optical Company Inc. and the institution of collection and legal proceedings, Applicant shall pay any and all collection costs incurred by Schroeder Optical Company Inc. in collecting amounts owed to Schroeder Optical Company Inc.

Date: _____ Signer's Name _____
Title: _____ Signature: _____