SENUE OPTICAL ACCOUNT APPLICATION

COMPANY INFORMATION

Company Name:	Account#	Type of business
DBA:		☐ Sole proprietorship
Phone:	Federal ID# (FEIN)	☐ Partnership
Fax:		☐ Corporation
Website:	CA Resale Seller's Permit#	☐ Other
E-mail:		

BILLING INFORMATION		SHIPPING INFORMATION	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Country:		Country:	

Contacts

Name:	President/Owner	Email:
Name:	General Manager	Email:
Name:	Dr. / Optician	Email:
Name:	Auth. Purchaser	Email:
Name:	Accounting	Email:

BANK REFERENCES

Bank Name:	Address:	
Account#:	City:	
Type of account:	State	Zip
Contact:	Phone:	Fax:

CREDIT TERM & CONDITIONS | AGREEMENT | WARRANTY

Credit Term & Condition

-Standard terms of payment are Net 30Days from the date of statement. A late charge of 2.0% per month is assessed after the due date. SenueOptical reserves the right to amend the conditions of this agreement by written notice. Return check charge $25.00 plus any handling or legal fee.

Agreement

-I, the undersigned, hereby agree that the company/corporation on this application will acquire full responsibility that in the event of default of any amount due, and should this account be transferred to an agency, attorney fees and the court costs incurred and permitted by the laws governing these transactions.

-The undersigned declares that they are authorized to execute contracts for this business and have completed this application fully and truthfully. The undersigned also authorizes the holder of this application to investigate

Company Name:	Date:
Name:	Title:
Signature:	