



ACCULAB OPTICAL CREDIT APPLICATION

BUSINESS INFORMATION

Legal Business Name* _____ DBA/Practice Name _____

Billing Address* _____

Shipping Address _____

Business Phone* _____ Business Email* _____ Website _____

Business Type* ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other
Date Business Started* _____ Estimated Annual Sales* _____

A/P (Accounts Payable) Contact Name* _____ A/P Email* _____ A/P Phone* _____

OWNER(S) / PRINCIPAL(S)

Owner/Principal Name* _____ Title* _____ Phone* _____ Email* _____

Owner/Principal Name _____ Title _____ Phone _____ Email _____

Owner/Principal Name _____ Title _____ Phone _____ Email _____

TRADE REFERENCES

If available, please provide up to two current business references.

Company _____ Contact _____ Phone _____ Email _____

Company _____ Contact _____ Phone _____ Email _____

Approximately how much business do you expect to send AccuLab each month? ☐ Under \$500 ☐ \$500 - \$1,000 ☐ \$1,000 - \$2,500 ☐ \$2,500 - \$5,000 ☐ \$5,000+
Are you currently using another optical lab? ☐ Yes ☐ No
Current lab _____
☐ This is our first lab account

BANK REFERENCE

Bank Name* _____ Contact _____ Phone* _____ Account Type* ☐ Checking

ACCULAB CREDIT TERMS

Payment is due by the 10th of each month for all charges incurred during the preceding 30 days.

☐ Savings
☐ Loan

PERSONAL GUARANTEE

In consideration of AccuLab Optical extending credit to the Applicant, the undersigned personally and unconditionally guarantees payment of all amounts owed by the Applicant to AccuLab Optical. The Applicant agrees to pay all invoices and account balances according to AccuLab Optical's credit terms, with payment due by the 10th of each month for charges incurred during the preceding 30 days.

If the Applicant fails to pay amounts when due, the undersigned agrees to personally pay the outstanding balance upon demand. The undersigned also agrees to pay any reasonable costs of collection and attorneys' fees incurred by AccuLab Optical in collecting amounts owed, to the extent permitted by law.

This Guarantee shall remain in effect for five (5) years from the date signed.

By signing below, you acknowledge that you are personally responsible for payment of the Applicant's outstanding obligations to AccuLab Optical if the Applicant fails to pay.

Signature* _____ Title* _____ Date* _____

Guarantor Name (Print)* _____