



160 Terminal Drive Plainview, New York 11803 (516) 576-9100 ph (516) 576-9110 fax orders@eyeking.com

1. Company Information

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business as (DBA)		
Billing Address	City	State Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
Year Business Established	Type of Business	Number of Stores
Federal Tax ID (If Incorporated)	State of Incorporation	
E-Mail Address(es):	Website:	

2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

3. Bank References

Bank Name	Account Number	Contact
Address	City	State Zip Phone #

4. Trade Credit References (3) **Business Fax numbers must be supplied to avoid any delays in order processing**

Company Name	<u>FAX#</u>	
Address	City	State Zip Contact
Company Name	<u>FAX#</u>	
Address	City	State Zip Contact
Company Name	<u>FAX#</u>	
Address	City	State Zip Contact

Brand Interest _____	Sales Representative _____
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Account Type: <input type="checkbox"/> Sunglass Specialty <input type="checkbox"/> Sport / Lifestyle <input type="checkbox"/> Optical <input type="checkbox"/> Boat / Fishing Other

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title: _____ Date: _____