

K-Mars

5913 Blackwelder Street, Culver City, CA 90232
Tel:800-296-1551 Fax:800-296-4660
E-Mail:Info@lenses4glasses.com

Account No

New Account Information & Credit Review

Applicant's Name _____

Company Name _____

Billing Address _____

City _____ State _____

Zip (Postal) Code _____

Phone _____

Fax _____

Number of Years in Business _____

Business type:

Sole Propetitor

Partnership

Corporation

Owner's (Partner's) Name(s) _____

Social Security # (Federal Tax ID #) _____

A/P Contact _____

Ship to Address* _____

City _____ State _____

Zip (Postal)Code _____

*Please fill up shipping address if different from billing addres

Number of Locations _____

(Please list addresses. Please advise if individual account numbers or individual drop ship desired)

Type of payment Desired

Company Check

Cash or Money Order

Credit Card

Specify _____

State sales Tax ID# _____

Bank Name _____

Acc No _____

Bank Contact _____

Trade References (One of the references must be an Optical Lab or Lens Supplier)

1 Name: _____

Phone: _____

Fax: _____

Account # _____

3 Name: _____

Phone: _____

Fax: _____

Account # _____

3 Name: _____

Phone: _____

Fax: _____

Account # _____

With establishment of this account I am aware that K-Mars will bill through the last day of each month and I agree to pay full balance appearing on the monthly statement within 30 days.

It is further understood and agreed that should this account at any time not be paid according to terms (before 10th of pending month if not agreed differently) the undersigned will pay late payment charge of \$25 and in addition to this interest of the highest rate allowed by law in the State in which undersigned resides or maintains a place of business on every balance overdue. If this account is turned over for collection the undersigned agrees to pay reasonable attorney or collection fee. Undersigned agrees to pay \$50 fee for every bounced check.

I hereby certify that the above inforimation is true and correct and is provided for the purpose of obtaining creadit. I, _____ hereby authorize K-MARS to use the information provided here to contact the sources listed above to verify all the necessary information about my business.

Owner's (Officer's of the Corporation) signature _____

Date _____