


<b>CREDIT APPLICATION</b> 		<b>MCLEOD OPTICAL Co., INC.</b> 50 Jefferson Park Road, Warwick, RI 02888 <b>PLEASE FAX CREDIT APPLICATION TO: (800) 766-5801</b>	
<b>OWNER INFORMATION</b>			
Owner Name:		S.S. #	
Home Address:			
<b>BUSINESS CONTACT INFORMATION</b>			
Company Name:			
Phone:	Fax:	Email:	
Registered Company Address:			
City:		State:	Zip code:
Date business began:		Contact #1:	Contact #2:
MD practice:	OD practice:	Optical only:	Other:
<b>BUSINESS AND CREDIT INFORMATION</b>			
Primary Business Address:			
City:		State:	Zip code:
How long at current address:			
Phone:	Fax:	Email:	
Bank name:			
Bank address:			Phone:
City:		State:	Zip code:
Account #1:		Type of Account :	
Account #2:		Type of Account :	
Federal ID #:		Type of Business:	
<b>BUSINESS/TRADE REFERENCES</b>			
<b>1-Company Name &amp; Address:</b>			
City:		State:	Zip code:
Phone:	Fax:	Email:	
Type of Account:		Length of Relationship:	
<b>2-Company Name &amp; Address:</b>			
City:		State:	Zip code:
Phone:	Fax:	Email:	
Type of Account:		Length of Relationship:	
<b>3-Company Name &amp; Address:</b>			
City:		State:	Zip code:
Phone:	Fax:	Email:	
Type of Account:		Length of Relationship:	
<b>AGREEMENT</b>			
1. All invoices are to be Paid in Full within 30 days from the date of the invoice. 2. By submitting this application, you authorize McLeod Optical Co., Inc. to make inquiries with each of the banking and business/trade references listed within this application.			
To induce creditor to grant to the above named company (The Applicant), I (We) do hereby personally guarantee the payment of any and all accounts of the applicant with respect to the purchase of goods and services in the event that the applicant fails to pay said account(s) together with interest at the highest rate permitted by law and costs and disbursements of collections as well as reasonable attorney fees, to recover the said sum of each and every account.			
<b>SIGNATURE OF PRINCIPAL OWNER(S)</b>			
Date: _____	Signature: _____		Title: _____
	Print Name: _____		
Date: _____	Signature: _____		Title: _____
	Print Name: _____		

For Office Use Only:

Customer Account Number

Date Assigned

Branch Location

Territory