

<p style="text-align: center;"><b>CREDIT APPLICATION</b></p> 	<h2 style="margin: 0;">McLEOD OPTICAL Co., INC.</h2> <p style="margin: 0;">50 Jefferson Park Road, Warwick, RI 02888</p> <p style="margin: 0;"><b>PLEASE EMAIL CREDIT APPLICATION TO: <a href="mailto:accounting@mcleodoptical.com">accounting@mcleodoptical.com</a></b></p>
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**OWNER INFORMATION**

Owner Name: \_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

Company Name: \_\_\_\_\_

Phone: _____	Fax: _____	Billing Email: _____
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Registered Company Address: \_\_\_\_\_

City: _____	State: _____	Zip code: _____
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Date business began: _____	Contact #1: _____	Contact #2: _____
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MD practice: _____	OD practice: _____	Optical only: _____	Other: _____
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**BUSINESS AND CREDIT INFORMATION**

Primary Business Address: \_\_\_\_\_

City: _____	State: _____	Zip code: _____
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How long at current address: \_\_\_\_\_

Phone: _____	Fax: _____	Email: _____
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Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

City: _____	State: _____	Zip code: _____
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Account #1: _____	Type of Account : _____
Account #2: _____	Type of Account : _____
Federal ID #: _____	Type of Business: _____

**BUSINESS/TRADE REFERENCES**

**1-Company Name & Address:** \_\_\_\_\_

City: _____	State: _____	Zip code: _____
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Phone: _____	Fax: _____	Email: _____
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Type of Account: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

**2-Company Name & Address:** \_\_\_\_\_

City: _____	State: _____	Zip code: _____
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Phone: _____	Fax: _____	Email: _____
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Type of Account: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

**3-Company Name & Address:** \_\_\_\_\_

City: _____	State: _____	Zip code: _____
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Phone: _____	Fax: _____	Email: _____
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Type of Account: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

**AGREEMENT**

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.

**SIGNATURE OF PRINCIPAL OWNER(S)**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

For Office Use Only:

Customer Account Number \_\_\_\_\_ Date Assigned \_\_\_\_\_ Credit Limit \_\_\_\_\_ AE # \_\_\_\_\_