



HIGH DEFINITION LENSES

Augen Optics
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Credit application

Firm Name: _____ Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Sales Representative: _____

Check the box if you use OPTICOM to place your orders

Type of business: _____ Year business opened: _____

Federal ID# or SS#: _____ D&B# _____

Bank Reference

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Trade References

Firm name: _____ Firm name: _____

Address _____ Address _____

Phone#: _____ Acct # _____ Phone#: _____ Acct # _____

The undersigned hereby agrees to authorize Augen Optics to review credit information provided and personally guarantees the payment of all future obligations should credit be approved.

I hereby certify that the above information is true. This information is provided for the sole purpose of creating credit and I hereby authorize Augen Optics to obtain information from any of the references listed above. It is further understood and agreed that should this account at any time not be paid according to the terms set by Augen Optics the undersigned will pay interests on the outstanding balance or balances. If this account, at any time, is turned over for collections reasonable attorney or collection fees will be paid in full.

Signature: _____ Date: _____

Printed Name: _____

Title: _____