

\_\_\_\_\_  
 NAME OF FIRM OR INDIVIDUAL

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 YEARS AT THIS ADDRESS

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

\_\_\_\_\_  
 ZIP

\_\_\_\_\_  
 AREA CODE

\_\_\_\_\_  
 PHONE

HEREBY applies for credit in accordance with the terms and conditions of:

ALLENTOWN OPTICAL CORP.  
 P.O. BOX 25003  
 LEHIGH VALLEY, PA 18002-5003  
 FAX # 800-526-9753

Barbara McGarvey  
 CREDIT MANAGER  
2% If paid by 20th. net 30  
 OUR NORMAL CREDIT TERMS

The following information must be provided. It will be held in strictest confidence.

**OWNERSHIP**       Corporation     Partnership     Individual     Incorporated within the past 12 months

_____ PRINCIPAL NAME	_____ COMPLETE ADDRESS	_____ PHONE
_____ PRINCIPAL NAME	_____ COMPLETE ADDRESS	_____ PHONE
_____ PRINCIPAL NAME	_____ COMPLETE ADDRESS	_____ PHONE

**FINANCES**

_____ BANK	_____ BANK ADDRESS
_____ BANK OFFICER OR DEPARTMENT	_____ BANK PHONE

**REFERENCES**

_____ BUSINESS NAME	_____ COMPLETE ADDRESS	_____ PHONE
_____ BUSINESS NAME	_____ COMPLETE ADDRESS	_____ PHONE
_____ BUSINESS NAME	_____ COMPLETE ADDRESS	_____ PHONE

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

REFERENCES CHECKED BY: \_\_\_\_\_

REFERENCES RESULTS: \_\_\_\_\_

CREDIT APPROVED       CREDIT REFUSED

DATE: \_\_\_\_\_      SIGNATURE: \_\_\_\_\_