

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. Denise Rodriguez
P.O. BOX 25003 CREDIT MANAGER
LEHIGH VALLEY, PA 18002-5003 2% If paid by 20th. net 30
FAX # 800-526-9753 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: _____