

Credit Application

Practice Legal Name _____
Practice Address _____
City _____ State _____ Zip _____
Office Phone _____ Fax _____
Years in Business: _____ Tax ID _____
Owner's Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ D/O/B _____ Social Security # _____

Credit Card Info:

Master Card () Visa () check one
Full Name: (as it appears on CC) _____
Credit Card Number _____ Expiration _____
Credit Card Billing Address _____
Credit Card City _____ Credit Card State _____
Name of Person in Charge of Accounts Payable _____
Office Phone and Extension _____
Bank Name _____ Contact _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____

Credit References:

Company Name Address Telephone Acct # Contact
1. _____
2. _____
3. _____

Terms

Hollywood Optical terms for payment are net 15 days. Past due accounts are subject to finance charges of 1.5 percent per month. Shipments are withheld on accounts with balances of 60 days. In opening your account at Hollywood Optical you assume and become totally responsible for all collection costs both personally, corporately and/or under an "assumed name." Your acceptance of special ordered prescription lenses and not paying for them will result in your being charged for all costs incurred by Hollywood Optical, their attorneys, accountants, collection agency fees and any court costs plus interest charges. These charges will be added to the unpaid balance and become the responsibility of the purchaser in full. The parties agree that the terms of the Agreement shall be enforced in any court of competent jurisdiction in the State of California and that California law will apply, without regard to conflict of law provisions. By signing below, the customer consents to being subject to suit in the State of California under California Law. The customer agrees to pay the company's reasonable attorney's fees and costs incurred to enforce the terms of this Agreement. Balances outstanding over 30 days will be charged to the credit card on file with 2% credit card transaction fee applied to the balance. All returned checks will be charged \$35.00 plus 2% of value of check. By signing below, I agree to the terms set forth in this Credit Application. I hereby certify that the information contained in this Credit Application is complete and accurate to the best of my knowledge.

Authorized Signature _____ Date _____
Print Name & Title of Person Signing _____

Fax completed form to (909) 592-5688, Attention Accounting Dept. and mail original to our office:

HOLLYWOOD OPTICAL LAB