



# Credit Application and Contract

PLEASE TYPE OR PRINT LEGIBLY and SIGN BELOW.

ALL INFORMATION (INCLUDING FAX NOS.) ARE REQUIRED FOR PROCESSING.

5760 North Hawkeye Court SW Grand Rapids, MI 49509 • PH. 616-583-8383 • FAX: 616-583-8384

## BUSINESS INFORMATION

NAME OF BUSINESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BUSINESS STRUCTURE (CHECK ONE):

CORP.  PARTNERSHIP  PROPRIETORSHIP

IF INCORPORATED, WHAT IS ACTUAL CORPORATE NAME?

\_\_\_\_\_

HOW LONG HAS THIS BUSINESS BEEN OPERATING UNDER CURRENT OWNERSHIP? \_\_\_\_\_

BUSINESS TYPE (CHECK ONE):

RETAIL  WHOLESALE  OTHER \_\_\_\_\_

RESALE / SALES TAX NO. \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED \_\_\_\_\_

BANK REFERENCE:

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

## BUSINESS REFERENCES

List businesses who have granted you credit terms.

VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

VENDOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PH. \_\_\_\_\_ FAX \_\_\_\_\_

Additional references may be listed on a separate sheet.

### STATEMENT OF ACCOUNTABILITY and AUTHORIZATION TO RELEASE TRADE / BANK INFORMATION:

The undersigned certifies that: all the information on this form is correct and authorizes the release of trade and/or banking history from those listed, and that their company is financially able to meet any commitments that it might make with Global Vision Eyewear Corporation. The undersigned also agrees: to pay all charges on account within assigned terms, to pay a \$20.00 service fee on returned checks, to pay 1.5% monthly interest on any invoice that becomes more than 7 days delinquent, to pay all collection fees and court costs expended to collect delinquent payments, and to have any dispute decided according to Michigan law in the county of Kent.

OWNER / OFFICER SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

OWNER / OFFICER NAME (Printed) \_\_\_\_\_ DATE \_\_\_\_\_