



Making lenses better.

ACCOUNT APPLICATION

Please complete this application and fax to the following attention:
iCOAT CREDIT DEPARTMENT
FAX: (562) 946-1060

ICOAT USE ONLY

CUSTOMER ACCOUNT NUMBER (CAN#)

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NEW ACCOUNT INFORMATION

BUSINESS / COMPANY NAME: _____

OWNER'S NAME: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

CONTACT NAME: _____

EMAIL ADDRESS: _____

YEARS IN BUSINESS: _____ YEARS AT PRESENT LOCATION: _____

HOW MUCH MONTHLY CREDIT ARE YOU APPLYING FOR? _____

CLAIMING TAX EXEMPTION: YES NO WHOLESALE LAB BUSINESS: YES NO

CALIFORNIA RESALE NUMBER: _____

BANK REFERENCE

NAME OF BANK: _____

NAME: _____ CHECKING ACCT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ BANK CONTACT: _____

TERMS AND CONDITIONS

1. Terms are net, 30 days E.O.M.
2. A service charge of 1.5% (18% APR) will be applied to all balances unpaid after thirty (30) days E.O.M.
3. ICOAT COMPANY reserves the right to amend the terms and conditions of this agreement anytime by written notice.
4. ICOAT COMPANY reserves the right to decline its service to anyone at any time.

I, the undersigned, hereby agree that in the event of default in the payment of any amount due on this account, I will be personally liable for the unpaid balance. Also, in the event this account is placed in the hands of an agency or attorney for collection, I am responsible to pay all the charges equal to the cost of collection including agency and attorney fees and the court costs incurred and permitted by laws governing these transactions.

I also certify that all the information and statements in this application are true and complete and are made for the purpose of obtaining credit. I give iCoat the right to contact any references listed.

Name of the Financially Responsible Officer

Title of the Officer

Signature of the Financially Responsible Officer

Date of Application

CREDIT CARD INFORMATION

If you would like us to automatically charge your monthly invoices to your credit card, please enter your credit card information below.

Credit Card Number: _____ **Expiration Date:** _____

Billing Address: (If different from above) _____

Name on Credit Card: _____

BUSINESS REFERENCES (a minimum of three are required)

1. NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CONTACT: _____
2. NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CONTACT: _____
3. NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ICOAT SALES REP USE ONLY

SALES REP NAME: _____
SALES REP ID#: _____
SALESPERSON'S COMMENTS: _____

BUSINESS DETAILS

TYPE OF BUSINESS: RETAIL WHOLESALE OTHER _____
NUMBER OF BUSINESS LOCATIONS (*Retails Only*): _____ (*Attach a separate page for the details of these locations*)
NUMBER OF JOBS PER DAY (*Wholesale Only*): _____
DOES THIS BUSINESS HAVE IN-HOUSE AR COATING CAPABILITY?: YES NO
DOES THIS BUSINESS HAVE IN-HOUSE CAPABILITIES?:
 EDGING SURFACING AR COATING
ESTIMATED MONTHLY SALES VOLUME: _____
DIVISION CODE: PRICE COLUMN: R1 R2 W1 W2
SHIPPING METHOD: _____ FREIGHT BILLING: YES NO

ICOAT CREDIT DEPARTMENT USE ONLY

CREDIT STATUS: _____ CREDIT LIMIT: _____
NOTES: _____

Name of Credit Officer _____ *Date* _____

Signature of Credit officer