



Making lenses better.

**ACCOUNT APPLICATION**

Please complete this application and email to the following attention: **iCOAT CREDIT DEPARTMENT**  
**info@icoatcompany.com**

**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*