



New Account Form

Fax to: 800.476.3937

Date of Application: _____ Sales Rep: _____

Name of Business: _____

Billing Address: _____

Shipping Address If Different Than Billing Address: _____

City/State/Zip: _____

Business Phone: (Area Code _____) - _____

Business Fax: (Area Code _____) - _____

Email Address: _____

Federal Tax ID #: _____ MS Sales Tax Number _____
(If exempt, please include exemption certificate)

Managing Contact Person: _____ Owners Name: _____

Owners DOB: _____ Home Address: _____

Age of Business under Current Ownership: _____ Number Of Employees: _____

Business Class: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Has The Current Business Or Its Principals Ever Filed For Bankruptcy? Yes: _____ No: _____

Please check one or more of the following:

VSP _____ VBA _____ VCP _____ Medicaid _____ Red Tray _____

Monthly Credit Limit required: _____

Terms, Conditions and Agreement:

In consideration for Superior Optical Labs, Inc. (SOL) extending credit to the business identified above for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to SOL, by business identified above whether said sums are due under open account. Any discount on a statement is valid only if statement is paid by due date. Balances over 30 days are subject to a 2 % per month service charge or 24% annually. Applicant agrees to pay all reasonable costs of collections on past due account including, but not limited to attorney's fees and agency fees. The laws of MS, County of Jackson, will govern actions.

Signature: _____ Printed Name: _____

Title: _____ Date: _____