



DIGITAL PRECISION. HUMAN TOUCH.

New Account Form
Please Send To:

ecpsupport@superioroptical.com or
Fax to: 800-476-3937

8/18/23

Date of Application: Superior Rep:

Name of Business:

Billing Address:

City/State/Zip:

Shipping Address if Different Than Billing Address:

City/State/Zip: Shipping Preference: FedEx UPS

Business Phone: (Area Code)-

Business Fax: (Area Code)- VSP VCD VBA

Email for WIP Report:

Email for Statements (if different):

Primary Contact Name:

Below Information for primary location. For additional locations please only fill out the above information. Signature required for all forms submitted.

Federal Tax ID #:

Owners Name:

Home Address:

City/State/Zip:

Age of Business Under Current Ownership:

Requested Credit Amount

Maximum Discount (Max) reflects a 20% discount if payment is postmarked by the 10th of the following month. If a payment is not postmarked or paid by the 10th of the month the full (List) price will be due.

Initial:

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: