



DIGITAL PRECISION. HUMAN TOUCH.

New Account Form
Please Send To:
ecpsupport@superioroptical.com or
Fax to: 800-476-3937

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 )-

Email for WIP Report:

Email for Statements (if different):

Federal Tax ID #: Primary Contact Name:

Owners Name:

Home Address:

City/State/Zip:

Age of Business Under Current Ownership: Number of Employees:

Business Class: Corporation LLC Partnership Sole Proprietorship

Requested Credit Amount

Has the Current Business Or it's Principals Ever Filed for Bankruptcy? Yes: No:

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: