

CALL: 516-371-0656
Outside New York Call: 800-887-5675
FAX: 516-371-0836
Outside New York Fax: 888-556-3623



385 Pearsall Avenue
Cedarhurst, NY 11516
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CREDIT APPLICATION

Date: _____

Business Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Web Site: _____

Principal Owners (Required, List All, Include Titles): _____

Type of Ownership: ☐ Partnership ☐ Individual ☐ Corporation ☐ Franchise

Buying Group Name and Number: _____

Principal Purchaser: _____ Phone: _____ E-mail: _____

Application for credit is hereby made and the following references given. It is understood that this information will be held in strictness confidence and used only by our Credit Department.

BANK ACCOUNTS

Name: _____ Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Account No.: _____ Account No.: _____

BUSINESS REFERENCES WHERE CREDIT IS NOW EXTENDED

Name: _____ Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Phone: _____ Phone: _____

The purchaser agrees that if this account is not paid within the terms of Net 30 days, interest, at the highest rate allowed by law in the state where the purchaser is located, will be added.

The purchaser also agrees that if this account is not paid within the terms and more than 120 days of due date and is turned over for collection that the purchaser will pay reasonable collection fees and attorney fees.

Signed: _____ Title: _____