



K-MARS OPTICAL

16430 Vanowen St., Van Nuys, CA 91406
Tel: 800-296-1551 Fax: 818-849-3301
www.kmarsoptical.com

ACCT #

New Account Information and Credit Review

Type of Payment Desired

Applicant's Name _____

Company Check _____

Company Name _____

Cash or Money Order _____

Billing Address _____

Credit Card _____

City, State, ZIP _____

Telephone _____ Fax: _____

E-Mail _____

Business Type: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

Owner's /Partner's Name(s) _____

Business License # _____ (Please attach copy) Soc. Sec or FEIN# _____

State Sales Tax ID# _____

Bank Name _____

Number of Years in Business _____

Contact: _____

Acct No _____

A/P Contact: _____

Ship To Address if different than the billing _____

No. of Locations _____ (Please list addresses. Please advise if individual account nos. or individual drop ship desired)

Please provide 3 Trade References (One of the references must be an Optical Lab or Lens Supplier)

1) Name _____

Phone _____

Fax _____

Acct# _____

2) Name _____

Phone _____

Fax _____

Acct# _____

3) Name _____

Phone _____

Fax _____

Acct# _____

Non Credit Accounts

With establishment of this account I agree to pay for any materials and/or services prior to shipments. No orders will be shipped if payment was not received.

Credit Accounts

In Consideration for K-Mars Optical extending credit to the business or individual identified for any materials and/or services after this date at the request of applicant or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to K-Mars Optical, by business identified above whether said sums are due under open account.

With establishment of this account I am aware that K-Mars Optical will bill through the last day of the each month and I agree to pay the full balance appearing on the monthly statement by the 25th of the following month. If full payment is not received by the end of the month it may result in your account being placed on hold and delay the processing of your jobs. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay a late payment charge of \$25 and in addition to this, interest of the highest rate allowed by the State in which the undersigned resides or maintains a place of business on every balance overdue. If this account is turned over for collection the undersigned agrees to pay reasonable attorney or collection fees. Undersigned agrees to pay a \$50 fee for every bounced check. For security purposes, we require an active credit card authorization on file.

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit. I, _____, hereby authorize K-Mars Optical. to use the information provided here to contact the sources listed above to verify all the necessary information about my business.

Owner's signature _____ Date _____

Owner's name _____ (no titles please)

Owner's social security number _____

***Please note that if you account is for resale, a California Resale Certificate is required. Please call and we will fax you the form. Thank You!

How did you hear about us?

Mail _____

Email _____

Telemarketing _____

Referral _____ Name _____



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Credit Card Use Authorization Form

Please complete and return via Fax.

Company Name _____

Card Holder's Name _____

Credit Card Billing Address _____

City _____ State _____

Zip _____

Type of Credit Card _____

(We accept VISA, MASTERCARD or DISCOVER)

Credit Card Number _____

Expiration Date _____

Security Code _____

I, _____ (Please Print Credit Card Holder Name)

Authorize K-Mars Optical to charge the above mentioned card for purchases made by _____ (Please Print Company Name)

I authorize K-Mars Optical to maintain and charge my credit card account number on file for all future purchases.

I will notify K-Mars Optical of any changes.

_____ Signature of Credit Card Holder

Date _____



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RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

_____ authorize you to provide information to K-Mars

Regarding my account:

Name on the Bank Account: _____

Bank Account Number: _____

Contact: _____

Fax: _____

A copy of this authorization may be accepted as an original.

Officer or Owner of the business

Date