



Toll Free Fax: 1-877-875-2020

Attn: Accounts Receivable

CREDIT APPLICATION

Name of Applicant: _____

Trade Name, if any: _____

Address: _____, _____, _____, _____
Street City State Zip

E-mail address: _____

Business Phone: () _____ - _____ Fax Phone: () _____ - _____

Manufacturer Distributor Retailer Lab OD MD

Sole Proprietor Soc. Sec. # or Federal ID #: _____

Partners: _____, _____

Corporation: _____ President: _____

Resale No. if Merchandise is for resale: _____ # of Years in Business: _____

Branches: _____

Financial Statement on File with Opti-Kredit? Yes/No (If no, we suggest you send one to Credit City, LTD., 55 Northern Blvd., Greenvale, NY 11548)

BANK REFERENCES: _____

TRADE REFERENCES (Include Address):

1. _____

2. _____

3. _____

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit, and I hereby authorize you to obtain information from any of the references listed above. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay interest at the highest rate allowed by law in the Sate in which the undersigned resides or maintains a place of business, and, if the account is turned over for collection, will pay a reasonable attorney or collection fee.

Signed: _____

Date: _____

Title: _____

