

PECH OPTICAL CORP.

NEW CUSTOMER REQUEST FORM

ALL three pages must be completed and returned to Pech Optical Corp. for review.

Mail: 2717 Murray Street, Sioux City, IA 51111, ATTN: Accounting Dept.

Email: lisa@pech.com

Fax: 800-227-3081, ATTN: Accounting Dept.

Date: _____ Submitted By: _____

Legal Entity Name: _____

DBA: _____

Ship To Address: _____

Bill To Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (General): _____

Email (estatemnts): _____

Contact Person: _____

Doctor(s): _____

Owner (if different than above): _____

Preferred method of shipping:

- | | | |
|--------------------------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> UPS Overnight (Monthly charges may apply) | <input type="checkbox"/> UPS 2nd Day (DEFAULT) | <input type="checkbox"/> UPS Ground |
| <input type="checkbox"/> Crystal Courier (Colorado only) | <input type="checkbox"/> ASAP (Nebraska only) | <input type="checkbox"/> Post Office |

Method of billing: DIRECT BUYING GROUP: _____

Are you affiliated with an ECP Alliance/Network (ie Vision Source, IDOC, etc)? YES NO

If yes, which Alliance/Network? _____ Member ID: _____

Are you affiliated with any current Pech account or office? _____

Account Executive/Sales Representative (if known): _____

Additional information needed: _____

To request special services, please contact your Account Executive.

PECH OPTICAL CORP.

2717 Murray Street • Sioux City, Iowa 51111 • Phone: (800) 831-2352

CREDIT APPLICATION & AGREEMENT

I, the undersigned, do hereby apply for credit with Pech Optical Corp. and do hereby agree to comply with the policies set forth as follows: I agree

- to pay all statements received by me from Pech Optical Corp. each month by the 10th day of the calendar month following the statement date in full and without exception. Any invoice or credits not reflected on my statement are next month's business and may not be deducted from the current billing. Credits will be issued promptly when received from the manufacturer.
- to contact Pech Optical Corp. immediately in case of errors or inquiries regarding my bill so that accurate payment may still be made to Pech Optical Corp. by the 10th day of the calendar month following the statement date.
- to forfeit the discount given on merchandise in any month in which I am unable to pay in full for said merchandise by the 10th of the calendar month following statements. 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 State in which the undersigned resides or maintains a place of business.
- to be personally responsible for all charges by the undersigned business.
- that if I am in default of any of the terms of this agreement, I will reimburse Pech Optical Corp. for all costs incurred in collection of this account, including, but not limited to, reasonable attorney fees and all costs of court.
- that this agreement may be terminated by either party for any reason upon written notice. I further agree that termination does not release me from payment of any outstanding balances due to Pech Optical Corp.
- that I will hold harmless and indemnify Pech Optical Corp. against any claims that may be brought against Pech Optical Corp. in connection with any products or services purchased through Pech Optical Corp. All warranties are strictly with the manufacturer. All implied warranties of fitness for particular use or purpose or implied warranty of merchantability are expressly disclaimed. All express warranties are also disclaimed.
- that this agreement shall be governed by the laws of the state of Iowa, that this agreement may not be modified except by written agreement signed by both parties, and that this agreement shall be performable in Sioux City, Woodbury County, Iowa.

Print Applicant's Name: (either business or individual) _____

Type of Ownership: ___ Proprietorship ___ Partnership ___ Corporation

Type of Business: ___ Resale ___ Wholesale

Billing Name: _____ Billing Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Years in Business: _____

Owner's Name: _____ Owner's Authorized Signature: _____

Date: _____

Personal's Guarantee Name: _____ Personal's Guarantee Signature: _____

Home Address: _____

Phone Number: _____

CREDIT APPLICATION

I. Additional Practice Information:

(Pech Optical may request a copy of the articles and by-laws of any corporation)

a. **If Corporation:** State Name and Title of Officer making application:

Federal ID: _____

b. State of incorporation: _____

c. **If Partnership:** State Partnership Name and Names of all members:

SS#: _____

d. Bookkeeper: _____

e. Office Manager: _____

II. Supplier References: List 3 suppliers/addresses/phone numbers/account numbers:

1. _____

2. _____

3. _____

III. Bank References:

Bank Name: _____

Address: _____

Telephone Number: _____

Account Number: _____

Name of Officer to Contact: _____

OFFICE USE: Accepted Not Accepted Date: _____

New Acct Number: _____ Bill To: _____ Acct Executive Code: _____

Credit Limit: _____

Tax Rate/Table: _____ Postage Table: _____ Division: _____