



BUSINESS CREDIT APPLICATION

Company name: _____ DBA: _____
 Phone: _____ Fax: _____ E-mail: _____
 A/P Contact: _____ E-mail: _____
 Company address: _____
 City: _____ State: _____ ZIP Code: _____ Country: _____

BUSINESS LEGAL INFORMATION

Type of Business (check one): Corporation: Partnership: Sole proprietorship SSN: _____
 Sales Tax Resale Certificate (check one): Yes (attach copy) No (taxes will apply) FED TAX ID: _____
 Member of a Group? If YES - name Group and Group# _____

BUSINESS/TRADE REFERENCES

Company name: _____ Contact person's name: _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

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 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

Company name: _____ Contact person's name: _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

BANK REFERENCES

Bank Name	Account #	Contact Name	Ph#

I, the undersigned, do hereby acknowledge that the above information is complete and accurate and is being provided to obtain a line of credit with Rem Optical and/or its affiliates. The undersigned individual, who is an authorized representative of the credit applicant, hereby consents to and authorizes verification of credit for the above businesses and/or financial institutions. Should credit be granted by Rem Optical, all credit shall be extended at its sole discretion. Rem Optical may increase, decrease, or terminate any credit availability at any time. The above applicant agrees that all invoices will be paid according to their payment terms. Invoices not paid by the due date will bear interest at the rate of 1.5% monthly (18% per annum) until paid in full. Applicant will bear court costs, attorney fees and any other costs incurred by Rem Optical for cases placed for collections.

I have read and I agree to the terms and conditions stated above.

SIGNATURE	Title	Print Name	Date

The undersigned, as an official representative of the applicant (i.e. owner, director, officer, partner or shareholder), further agrees to be personally liable for any balances that may hereafter become due to Rem Optical and/or its affiliates. The guarantee shall be continuing and shall survive the transfer or the sale of the applicant. The undersigned agrees to remain personally responsible and liable for any indebtedness of the applicant until written notice of such transfer or sale is given to Rem Optical and/or its affiliates and further until all the indebtedness to the time of the notice is paid in full.

SIGNATURE	Title	Print Name	Date

Rem E-Club may offer from time to time special promotions or new opportunities. I agree to enroll to Rem E-Club understanding that I can opt-out at any time, by providing my email address: _____

Please send the completed form back to: REM EYEWEAR 10941 La Tuna Canyon Road Sun Valley, CA 91352	EMAIL: newaccounts@remeyewear.com FAX# 818-504-3966 OFFICE# 800-423-3023
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FOR INTERNAL USE ONLY

Sales Rep Name: _____ Credit limit: _____ Date: _____ Acct# _____