

Company Name: _____ DBA: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

A/P Contact: _____ A/P E-mail: _____

BUSINESS LEGAL INFORMATION

Type of Business (check one): Corporation: Partnership: Sole proprietorship SSN: _____

Sales Tax/Resale Certificate (attach copy): Yes 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: _____

Company name: _____ Contact person's name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

BANK REFERENCE

Bank Name	Account #	Contact Name	Ph#
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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 Company Inc. and/or its affiliates. The undersigned individual, who is an authorized representative of the applicant, hereby consents to and authorizes verification of credit for the above business and/or financial institution. Should credit be granted by Rem Optical Company Inc., all credit shall be extended at its sole discretion. Rem Optical Company Inc. may increase, decrease, or terminate any credit availability at any time. The above applicant agrees that all due balances will be paid according to the agreed upon payment terms. Balances not paid by the due date will bear interest at the rate of 1.5% monthly (18% per annum) until paid in full. Balances due to Rem Optical Company Inc. shall be paid in full prior to a major change in ownership. Applicant will bear court costs, attorney fees and any other costs incurred by Rem Optical Company Inc. for cases placed for collections.

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

SIGNATURE	Title	Print Name	Date
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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 Company Inc. 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 the indebtedness is paid in full.

SIGNATURE	Title	Print Name	Date
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Please send the completed form back to:
DE RIGO REM
10941 La Tuna Canyon Road Sun Valley, CA 91352

EMAIL: newaccounts@derigo.us
FAX# 818-504-3965 **OFFICE PH# 800-423-3023**

FOR INTERNAL USE ONLY

Requested Credit limit: _____ By: _____ Date: _____