## THE WALMAN OPTICAL COMPANY & its Affiliated Companies

FOR OFFICIAL USE	
Sent By:	
Branch:	
Acct Mgr:	
Account #	

## **APPLICATION FOR CREDIT**

PLEASE PRINT OR TYPE	ASE PRINT OR TYPE Date:					
BUSINESS NAME ("Business")						
BUSINESS ADDRESS						
CITY	STATE	ZIP	COUNTRY			
PHONE	FAX	EMAIL	11			
ACCOUNTS PAYABLE CONTACT NAME	ACCOUNTS PAYABLE PHONE	ACCOUNTS PAYABLE EMAIL				
		Acception 17(1) Dec 21115 III				
# OF YEARS IN BUSINESS YEARS	AT THIS LOCATION OWN	RENT				
SALES TAX TO BE CHARGED? YES NO	STATE SALES TAY #					
SALES TAX TO BE CHARGED! TES NO	STATE SALES TAX #					
IE "NOT TAVADI E" DI EASE COMDI ETE AND SICI	N A CALEC TAY EVEMBLION CERTIFICATE AND DE	TUDN WITH THIS ADDITION	TION			
IF "NOT TAXABLE" PLEASE COMPLETE AND SIGN A SALES TAX EXEMPTION CERTIFICATE AND RETURN WITH THIS APPLICATION						
ARE YOU SUBJECT TO A CITY OR COUNTY TAX? YES NO IF "YES", WHICH CITY OR COUNTY?						
TAY IDENTIFICATION #						
TAX IDENTIFICATION # PRINCIPAL OR OWNER SOCIAL SECURITY #						
TYPE OF PRACTICE:						
M.D O.D OPTICIAN OTHER (PLEASE DESCRIBE)						
<del></del>						
TYPE OF BUSINESS:						
CORPORATION LIMITED LIABILITY CORP PARTNERSHIP **PROPRIETORSHIP						
** IF PROPRIERTORSHIP PLEASE PROVIDE HOME ADDRESS BELOW**						
ADDRESS	CITY					
7.551.550						
STATE	ZIP					
BUYING GROUP NAME , IF APPLICABLE						
ACCOUNT # WITH GROUP						
BUYING PURCHASES THROUGH BUYING GROUP	(If Buying Group is Walman Affiliated): YES /	NO (CIRCLE ONE)				

By submitting this Application for Credit to Walman, the applicant hereby authenticates and agrees to be bound by all of the terms and conditions contained in every page of this Application

## REFERENCES: Primary Suppliers / Bank

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TELEPHONE ( ) FAX ( )  ANK NAME  CITY STATE ZIP  DORRESS TELEPHONE ( ) FAX ( )  TELEPHONE ( ) FAX ( )  Checking Savings Loan  BANK OFFICER / CONTACT / EMAIL ADDRESS  TELEPHONE ( ) FAX ( )  Checking Savings Loan  BANK OFFICER / CONTACT / EMAIL ADDRESS  I, the undersigned, represent and certify that I have the authority to request credit on behalf of the Business, that the information given in this Agreement is complete and accurate, and to commit the Business to the terms and obligations set forth herein. I authorize Walman to check with reporting agencies, credit references, and other sources disclosed herein in investigating the information given, in reviewing or taking collection action or for any other purpose. I represent and certify that any goods purchased are being purchased for a business or commercial purpose and not personal use. I understand and agree that purchases or credit ("Accounts") not paid within Walman payment terms subject to a finance charge of 1½% per month, which is equivalent to 18% per annum. I grant a purchase money security interest that I have given or that Walman deems necessary or appropriate before the Account is paid in full. The collateral pledged hereunder secures any and all obligations, debts and liabilities are related to the purpose of this Agreement and the Account and whether the same is voluntary or involuntary, due or not yet due, for individual interest in all costs associated therewith, whether such obligations, debts and liabilities are related to the purpose of this Agreement and the Account and whether the same is voluntary or involuntary, due or not yet due, for individual costs and costs and costs and involuntary. Audina in the State of Minnesots as and involuntary to the State of Minnesots hall govern that Agreement and the Account and whether the same is voluntary or involuntary. Audin and better in the State of Minnesots as hall govern this Agreement and the Account and whether the same is voluntary or involuntary. Audin and the state courts of Minnesots in T						
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SIGNATURE:	DATE:					
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