

**THE WALMAN OPTICAL COMPANY
& its Affiliated Companies**

FOR OFFICIAL USE

Sent By: _____

Branch: _____

Acct Mgr: _____

Account # _____

APPLICATION FOR CREDIT

PLEASE PRINT OR TYPE

Date: _____

BUSINESS NAME ("Business")			
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BUSINESS ADDRESS			
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CITY	STATE	ZIP	COUNTRY
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PHONE	FAX	EMAIL
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ACCOUNTS PAYABLE CONTACT NAME	ACCOUNTS PAYABLE PHONE	ACCOUNTS PAYABLE EMAIL
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OF YEARS IN BUSINESS _____ YEARS AT THIS LOCATION _____ OWN _____ RENT _____

SALES TAX TO BE CHARGED? YES _____ NO _____ STATE SALES TAX # _____

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? _____

TAX IDENTIFICATION #	PRINCIPAL OR OWNER SOCIAL SECURITY #
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TYPE OF PRACTICE:

M.D. _____ O.D. _____ OPTICIAN _____ OTHER _____ (PLEASE DESCRIBE)

TYPE OF BUSINESS:

CORPORATION _____ LIMITED LIABILITY CORP _____ PARTNERSHIP _____ **PROPRIETORSHIP _____

** IF PROPRIETORSHIP PLEASE PROVIDE HOME ADDRESS BELOW**

ADDRESS	CITY
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STATE	ZIP
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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

TRADE REFERENCE NAME	CITY	STATE	ZIP
ADDRESS	TELEPHONE ()	FAX ()	
TRADE REFERENCE NAME	CITY	STATE	ZIP
ADDRESS	TELEPHONE ()	FAX ()	
BANK NAME	CITY	STATE	Zip
ADDRESS	TELEPHONE ()	FAX ()	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Account # _____	BANK OFFICER / CONTACT / EMAIL ADDRESS		
EXPECTED MONTHLY CREDIT REQUIRMENTS \$ _____			

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 on credit ("Accounts") not paid within Walman payment terms are subject to a finance charge of 1½% per month, which is equivalent to 18% per annum. I grant a purchase money security interest in all goods purchased and the proceeds thereof, including insurance proceeds. I agree to execute and authorize Walman to file (or to sign on my behalf and file) any financing statement(s), amendment(s), modification(s), or other document(s) needed to perfect the 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, plus interest and other charges accruing thereon and all costs associated therewith, whether such obligations, debts and liabilities are now existing or arise in the future, and whether or not 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, direct or indirect. I understand that Walman must approve this Agreement and that all charges and payments on my Account will be processed by Walman in Minneapolis, Minnesota. Therefore, the substantive law of the State of Minnesota shall govern this Agreement and my Account. I consent to the jurisdiction and venue of the federal and state courts of Minnesota in Hennepin County as having the exclusive and proper subject matter and personal jurisdiction over this Agreement. I agree to pay all collection fees, reasonable attorneys' fees, court costs, and other expenses incurred by Walman to enforce this Agreement.

DATE: _____

NAME OF BUSINESS: _____(Required)

SIGNATURE: _____(Required)

PRINT NAME: _____(Required)

TITLE: _____(Required)

For Walman Use Only: Approved By: _____ Date / Time Approved _____ Credit Limit \$ _____