



Winchester Optical Company
1935 Lake Street, Elmira, NY 14901
800-847-9357, FAX 800-654-5680

New Account and Credit Application

Application will not be approved unless completed in full.

Office use only

Date Requested _____ Taken by _____ Branch (circle one): Elmira Macedon
Account type (circle all that apply): Regular C/L & Stock Instrument Industrial Service
Action desired: Open new account Add customer office (same acct) Add customer office (new account) Change
Credit approved? Yes No Credit Limit: _____ New Account Number: _____

1. Company Information

Full Legal Name/Business Entity Phone Number Fax Number

Doing Business As (DBA) Contact Person

Billing Address City State Zip

Ship to Address (if different than above) City State Zip

Company Type:
 Proprietorship Partnership Franchise Corporation Other _____

* Please list all branch/affiliate store operations on additional page

2. Business Credit Information

Federal Tax I.D. (if incorporated) Principal business of firm Year business established

At present location since Is business incorporated? If so, under laws of what state?

3. Bank Reference

Bank Name Account # Contact Phone Number

Address City State Zip Fax Number

4. Credit References

Company Name Account # Contact Phone Number

Address City State Zip Fax Number

Company Name Account # Contact Phone Number

Address City State Zip Fax Number

5. Purchasing Information

The following individuals are authorized to make purchases on this account in our behalf:

Name	Title
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Name	Title
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Name	Title
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Is a Purchase Order number required before an order may be considered authorized?	_____ No	_____ Yes: _____ Verbally	or _____ In writing
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Resale Permit / Tax Exempt Number (if applicable)	(please attach copy)
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6. Proprietor Guaranty (this section must be completed if a sole proprietorship, a partnership, unincorporated or incorporated for less than 2 years)

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Winchester Optical Company required by the agreement of which this Application is a part.

First Name	Initial	Last Name	Social Security Number
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Present Home Address	Home Phone Number
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City	State	Zip	Date
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Authorized Signature

*Please attach additional owners' information and signatures

7. Payment Agreement (to be signed by authorized corporate officer or owner)

I request an account to be issued under your usual terms and conditions upon your approval of this application, and for this purpose I agree to your conducting the customary credit investigation, and by placing my signature upon this credit application as an officer, it will serve as written authorization for release of any credit experience and banking information requested and necessary to conduct a thorough credit evaluation. As an officer, I certify that I am authorized to make this request on behalf of this company, and I agree to pay all purchases per your terms of net 30 days. I agree to pay interest at the rate of 18% per annum or the highest rate allowed by law on any balance which is not paid within the stated terms as set forth above. Should this account fall into a default status requiring you to seek outside assistance to collect the balance owed, I agree to pay all expenses incurred through the full collection of the balance owed including collection agency fees, attorney fees and court costs and interest as specified herein as governed by the laws of the state and local municipalities.

Authorized Signature _____ Date _____

Please Print Name and Title _____

