R & D OPTICAL LAB
CUTTING EDGE TECHNOLOGY

Thank you for your interest in R & D Optical Lab. We request this application be completed to allow us to set up your account. Please return it to R & D Optical Lab by mail to 4024 Bach Buxton Rd., Batavia, OH 45103 or fax to 513-273-4035 or email to Accounts@RandDOptical.com.

CREDIT APPLICATION

COMPANY NAME:_____ D.B.A._____

Applicant's Name:_____ Email:_____

STREET ADDRESS: _____

CITY:_____ STATE:_____ ZIP:_____ TELEPHONE:_____

Billing Address: _____

CITY:_____ STATE:_____ ZIP:_____ FAX #: _____

FORM OF OWNERSHIP: ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

PRINCIPALS OF FIRM: NAME TITLE

_____ _____

_____ _____

Years Established _____ Years at Present Location: _____

Bank Reference:

Bank _____ Account Number _____ Officer _____

Address _____ Telephone # _____

Trade Reference #1.

Name _____ Account #_____

CITY_____ STATE_____ ZIP_____ PHONE #: _____

Trade Reference #2.

Name _____ Account #_____

CITY_____ STATE_____ ZIP_____ PHONE #: _____

Trade Reference #3

Name _____ Account #_____

CITY_____ STATE_____ ZIP_____ PHONE #: _____

Loan Officer: _____

R & D OPTICAL LAB
CUTTING EDGE TECHNOLOGY
4024 Bach Buxton Rd.,
Batavia, OH 45103
Phone:513-273-4034 fax: 513-273-4035
www.RandDOptical.com

TERMS OF OPEN ACCOUNT

Thank you for opening a credit account with R & D Optical Lab. All accounts are subject to the following terms and conditions:

Payment is due on the 15th of the month following the Statement date.

Statements not paid in full within 20 days are subject to a monthly finance charge of 2% (24% per year) where permitted by law. A monthly finance charge of 1.5% (18% per year) will be applied to residents of FL, IN, KY, MI, and WI.

Credit accounts are nontransferable, and the applicant agrees to inform R & D Optical Lab of any change in ownership or location within Ten (10) days thereof.

The applicant certifies that all information provided to R & D Optical Lab on the Credit Application is true and accurate. Upon completion of the Credit Application the applicant authorizes R & D Optical Lab to obtain information regarding its credit worthiness both as a company and individually.

R & D Optical Lab reserves the right to limit the amount of credit extended to an account, to place an account on a C.O.D. basis, to terminate an account's right to make further purchases and to demand payment in full of all balances more than 30 days past due.

I/We (Owners Names)_____in consideration of R & D Optical Lab extending credit to (Company Name)_____personally, and unconditionally guarantee the payments of all obligations of the above named company due R & D Optical Lab on this account together with costs and expenses (including reasonable attorney fees) incurred by R & D Optical Lab in the collection of the account. It is understood that I/We shall pay any sums due R & D Optical Lab whenever the above-named company shall fail to pay the same.

This Guarantee is continuing and irrevocable.

By signing below, I agree to the above terms and conditions:

By:_____ Date:_____

By:_____ Date:_____

R & D
OPTICAL LAB
CUTTING EDGE TECHNOLOGY
4024 Bach Buxton Rd.,
Batavia, OH 45103
Phone:513-273-4034 fax: 513-273-4035
www.RandDOptical.com