



CREDIT APPLICATION/AGREEMENT

Legal Name:				
(Fill in Applicable title) <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co.			State Of Origin:	
Street Address:		P.O. Box:		
City:	State:	Zip:	Telephone:	Fax:
Type of Business:		No. of Years In Business:		
Name of Predecessor Businesses:				
Person to Contact Regarding Invoices:		Phone:		
Parent Company:		Street Address:		
City:	State:	Zip:	Phone:	
Federal ID #:		Sales Tax Exemption #: (Include copy of form)		

INFORMATION ON PRINCIPALS

For Proprietorship or Partnership principals list all owners and/or partners. If business is Corporation or Limited Liability Company list all officers, directors, members and majority stockholders. Use additional sheets if necessary.

Name	Home Address	Phone	Social Security No.	Title

Have any of the companies or principals listed above ever been a debtor in a bankruptcy proceeding? Yes No
 Has any judgment ever been entered against any of the companies or principals listed above? Yes No
 Are there any legal actions or arbitration pending against any of the companies or principals listed above? Yes No

CREDIT REFERENCES

(Attach separate schedule if applicable)

Primary Bank:

Bank Name:	Account #:	Phone #:
Address:		Contact Name: (personal banker, etc.)

Other Bank:

Bank Name:	Account #:	Phone #:
Address:		Contact Name: (personal banker, etc.)

Form By Victorson & Associates
 999 Third Avenue, Suite 3800
 Seattle, Washington 98104
www.victorsonandassociates.com

TRADE REFERENCES

<i>Name:</i>	<i>Account #:</i>	<i>Phone #:</i>
<i>Address: (City, State, Zip)</i>		<i>Contact Name/Title:</i>

<i>Name:</i>	<i>Account #:</i>	<i>Phone #:</i>
<i>Address: (City, State, Zip)</i>		<i>Contact Name/Title:</i>

<i>Name:</i>	<i>Account #:</i>	<i>Phone #:</i>
<i>Address: (City, State, Zip)</i>		<i>Contact Name/Title:</i>

TERMS AND CONDITIONS

For the purpose of obtaining merchandise/services from Pinnacle Optical I, the undersigned, hereby understand and agree to the following:

1. That a representative of Pinnacle Optical may contact any person named for verification of facts and payment of funds. That Pinnacle Optical will be notified of any changes of the above facts.
2. That all invoices will be paid within terms stated to prevent termination of credit.
3. That I (We) will pay finance charges of 1.5% per month (18% annual on the unpaid balance of my (our) account, or the maximum allowable under applicable State Law, whichever is less.
4. If any particular billing is not paid when due, I (We) agree to pay in addition to the foregoing: All collection costs if this account is referred to collection, or if suit is brought to collect this amount, I (We) agree to pay all costs and reasonable attorney's fee, including all costs and reasonable attorney's fee incurred on any appeal to an appellate court, and including any fees incurred for protection of Pinnacle Optical in any bankruptcy proceedings.
5. I (We) understand and agree that non-compliance issues, discrepancies on acknowledgments, terms, prices, packing slips or invoices **must be reported within 10 days** of the document date or any claim is denied.
6. Returns without prior authorization will be refused. The RA number must be visible on the return.
7. Pinnacle Optical reserves the right to discontinue credit approval and/or a business relationship with the above named entity at any time, at Pinnacle Optical's sole discretion.
8. This agreement shall be construed and controlled by the laws of the State of Alabama.

I (We) understand that the information furnished on this form will be held in confidence, and may be relied upon by Pinnacle Optical in extending credit and certify, that all such information is true and correct. I give permission to make inquiry of credit and related matters at our Bank, lending firm and creditors listed on this application.

Applicant(s):

By: _____ By: _____

Name Printed: _____ Name Printed: _____

Title/capacity: _____ Title/capacity: _____

Date: _____ Date: _____

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