



RAINBOW WORLD OPTICAL SUPPLY INC.
 142 W. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33441
 Phone: (954) 426-3593 Fax: (954) 421-5473
 Toll Free (800) 726-8989 Local Fax (888) 368-9069
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CREDIT APPLICATION

WE HEREBY APPLY TO YOU FOR AN EXTENSION OF CREDIT. THE FOLLOWING INFORMATION IS SUBMITTED AS A BASIS FOR YOUR CONSIDERATION OF OUR APPLICATION.

Name of firm: _____

Street Address: _____

City _____ State: _____ Zip: _____ Phone _____

Country _____ Fax# _____ Email: _____

Please check one () Individual () Partnership () Corp SS# Or Tax ID _____

Full name of owner or an authorized agent of corp. List home address, phone and zip

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Years Established _____ Incorporated _____ State _____

Bank _____ Account # _____

Address _____

City _____ State _____ Zip _____ Phone _____

Have you had an account with us under this or any other name? () yes () no

State Previous Name _____ Account # _____

Authorized Buyers _____ Sales and use tax exempt: () yes () no

If yes, please furnish a copy of your exemption certificate

Maximum credit applied for \$ _____ Terms desired: () Cod () 30 days () Credit Card

Applicant's signature attest financial responsibility, ability and willingness to pay our invoices in accordance with our terms of net 10 days EOM.

In consideration of the granting of credit by this company, to the persons or companies to whom credit is extended pursuant to the above application, the undersigned unconditionally, jointly, and personally guarantee(s) payment for all purchases made by said persons or companies. in addition, the undersigned guarantee(s) any late fees and cost of collections including reasonable attorney fees. The undersigned waives notice of acceptance of this guarantee and notice of any default and demand of every kind, nature and description and waives notice of the accrual of any obligation or liability of any such persons or companies or the undersigned. The undersigned official, to induce the granting of credit to the above named firm, hereby guarantees the company's credit. This shall be a continuing guarantee and shall not be affected by the extension of time, modifications or conditions.

_____ Title _____

_____ Title _____

TRADE REFERENCES

Please Print or Type

Company Name _____

Company Name _____

Address _____

Address _____

Account # _____

Account # _____

Fax # _____

Fax # _____

Company Name _____

Company Name _____

Address _____

Address _____

Account # _____

Account # _____

Fax # _____

Fax # _____

Authorization for Bank Reference Check

I/We Hereby Authorize _____ to Obtain Credit
Information Relating to My/Our Account with My/Our Bank.

Please release all financial information necessary pertaining to my/our account, in order to
establish an open line of credit with the above named company.

Signature _____ Print Name _____

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