

# BRISTOL OPTICAL

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bristloptical.com

## NEW ACCOUNT APPLICATION

### ACCOUNT INFORMATION

Name of Legal Entity	Telephone ( )	Fax ( )
Bill to Address (statement will be sent here) City/State/Zip	Contact Person	
Ship to Address (if different than above) City/State/Zip	Email Address	

### BUSINESS ORGANIZATION

Company Organization <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PA	State of Business Formation
Business Type <input type="checkbox"/> O.D. <input type="checkbox"/> M.D. <input type="checkbox"/> Optician <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail	Date of Business Formation
<b>CHOOSE ONE</b> <input type="checkbox"/> Federal Tax I.D. (preferred) <input type="checkbox"/> Social Security Number	Enter I.D. Number Here
Name of Buying Group / Buying Group Member I.D. #	
Name of Business Owner #1 City/State/Zip	Telephone ( )
Name of Business Owner #2 City/State/Zip	Telephone ( )

### BANK REFERENCE

Bank Name	Telephone ( )	Acct. Number
Address	Fax ( )	

### TRADE REFERENCES

Company	Contact	Account Number
Address	City/State/Zip	Telephone ( )
Company	Contact	Account Number
Address	City/State/Zip	Telephone ( )

### REQUIRED SIGNATURE

**PLEASE READ BEFORE SIGNING:** For the purpose of obtaining credit from you, I furnish the above confidential information. I consent to your contacting any of the persons identified above and further authorize the person identified above to release to you any and all confidential information. It is understood that all invoices are due payable **by the 10<sup>th</sup> of the following month. Amount not paid when due will be subject to a 1½% per month late charge.** In addition, if any action is brought to enforce the rights of **Bristol Optical, Inc.** it is understood that you will be responsible for all cost of collection including actual attorneys' fees incurred. My signature below indicates my acceptance of and agreement to these terms and conditions and my personal guarantee of Buyer's obligation.

Signature

Title (Company Officer)

Date

Bristol Optical, Inc. reserves the right to discontinue and/or change its sales policies, products, prices, and distribution methods at any timewithout notice.