

We want to thank you for your desire to do business with **ABB OPTICAL GROUP**. We are confident that you will be pleased with the consistency and reliability of our services.

To ensure prompt processing of your credit application, please complete all sections in it's entirety and make certain to include the following:

- Signature on Credit Application (Print dark and clearly)
- Signature for Personal Guarantee (Print dark and clearly)
- Copy of Professional License
- Copy of Resale Certificate / Tax Exempt (If applicable)

Credit Application, Personal Guarantee, Professional License and Exemption/ Resale Certificate may be faxed or emailed-

Fax#: 954-752-6430 Email: creditapp@abboptical.com

By doing so, you are giving **ABB OPTICAL GROUP**, as well as its agents, affiliates and lenders, permission to review your business and personal credit history in order to provide you with formal credit approval.

Credit applications are typically processed within 48 business hours from the time they are received. Unsigned credit applications, unsigned personal guarantee or credit applications with missing information may cause delays. **Once your account number has been established, you will receive notification from our Credit Collections Department.**

PLEASE NOTE:

- Billing cycle ends the **LAST FRIDAY OF EVERY MONTH**
- Statements are emailed the next business day after month end
Paper statements are available upon request and/or online at www.abboptical.com
- Due date is the **12th** of the month

We look forward to doing business with your practice and thank you in advance for your most generous patronage and for your confidence in **ABB OPTICAL GROUP**.

OFFICIAL USE ONLY

Date: _____ Account Number: _____ Credit Limit: _____

Related Accounts: _____ Credit Manager: _____

Sales Representative: _____ Sales Representative #: _____

License Number: _____ Price Level: _____ Price Class: _____

Approved By: _____

Sales Rep: _____ Sales Rep #: _____

BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____

D/B/A (Doing Business As): _____

BUSINESS START DATE: _____ FEDERAL ID# _____

EXPECTED ABB OPTICAL GROUP MONTHLY PURCHASES \$ _____

TYPE OF ENTITY

- CORPORATION
- PARTNERSHIP
- LLC
- SOLE PROPRIETOR

BILLING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____

TELEPHONE (____) _____ FAX (____) _____

CHECK HERE IF SHIPPING ADDRESS IS SAME AS BILLING

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____

TELEPHONE (____) _____ FAX (____) _____

ACCOUNTS PAYABLE CONTACT PERSON: _____

ACCOUNTS PAYABLE TELEPHONE (____) _____

ACCOUNTS PAYABLE EMAIL ADDRESS: _____

INDICATE HOW BALANCE DUE WILL BE PAID:

- INVOICE (open item)
- STATEMENT (balance forward)

PLEASE PROVIDE UP TO 5 EMAIL ADDRESSES TO RECEIVE INVOICES AND STATEMENTS:

1. _____
2. _____
3. _____
4. _____
5. _____

Payment Method:

- CHECK
- ACH

CHECK WHICH APPLIES

- NEW ACCOUNT
- CREDIT LIMIT INCREASE
- ADDITIONAL LOCATION
- UPDATED APPLICATION

HAVE YOU EVER DONE BUSINESS WITH **ABB OPTICAL GROUP**?

- YES
- NO

IF YES, PROVIDE ACCOUNT NUMBER(S) _____

PRACTITIONER INFORMATION

PRACTITIONER NAME: _____

CELLULAR NUMBER: (____) _____

EMAIL ADDRESS: _____

LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: _____

OD MD DO Other : _____

BANKING INFORMATION / TAX EXEMPT

PRINCIPAL BANK NAME: _____

ACCOUNT NUMBER: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

DO YOU HAVE AN EXEMPTION /RESALE CERTIFICATE?

- YES
- NO

IF YES, THE EXEMPTION/RESALE CERT. MUST BE PROVIDED

TRADE REFERENCES

(List 3 credit references in the industry you have done business with in the past year)

NAME	ACCOUNT NUMBER	PHONE/FAX
1.		
2.		
3.		

VISTAKON ACCOUNT INFORMATION

VISTAKON ACCOUNT NUMBER: _____

IF NOT PROVIDED, THE ACCOUNT **WILL NOT BE ABLE TO ORDER VISTAKON PRODUCTS**. PLEASE CHECK THE BOX BELOW IF YOU WOULD LIKE TO HAVE A VISTAKON CREDIT APPLICATION SENT TO YOU

- YES I WOULD LIKE A VISTAKON APPLICATION

Fax to 954-752-6430

Revised 8/29/16

By signing below, the Legal Business Name referenced above (“Customer”) and each guarantor certify and agree with and in favor of **ABB OPTICAL GROUP** as follows:

1. All information and documents submitted in connection with this Credit Application are true, correct and complete. Each signer is authorized to execute this Credit Application. **ABB OPTICAL GROUP**, its agents, affiliates and lenders to receive credit reports and any other information regarding Customer and each guarantor from third parties, to verify any information provided on this Credit Application.
2. **ABB OPTICAL GROUP** shall have the right, at any time and with or without notice to limit the amount of credit outstanding to Customer and/or to deny the further extension of credit.
3. The billing cycle on Customer’s account will end the last Friday of every month.
4. Interest shall be due and payable on the outstanding balance of Customer’s account at a rate of the lesser of one and one-half of one percent (1.50%) per month or the highest rate permitted under applicable law. Interest on the outstanding balance of Customer’s account will accrue from the date the payment is due through and including the date of final repayment.
5. In the event any payment is not able to be processed by the customer’s financial institution, the customer shall pay **ABB OPTICAL GROUP** an incremental charge of \$25.00 for each time the payment is rejected. This would include all electronic payments and paper checks.
6. That information provided by Customer and any guarantor has been relied upon by **ABB OPTICAL GROUP** in connection with its decision to extend credit to Customer.
7. In the event **ABB OPTICAL GROUP** is required to pursue legal action to collect amounts due to it, **ABB OPTICAL GROUP** will be entitled to recoup all of its costs of collection, including, without limitation, reasonable attorneys’ fees and costs for pursuing such action, whether or not suit be brought, including attorneys’ fees and costs in any appellate proceeding, plus all other reasonable expenses incurred by it in exercising any of its rights and remedies against Customer or guarantor, and including, without limitation, court costs and other legal expenses incurred in connection with consultation or in judicial, administrative or arbitration proceedings, both at trial and appellate levels.
8. This Credit Application shall be governed by and construed pursuant to the internal laws of the State of Florida without regard to its principles of conflicts of law. Any dispute arising out of or relating to this Agreement shall be brought only in the courts of record of the State of Florida in Broward County or the court of the United States, Southern District of Florida in Broward County, and the parties consent to and confer personal jurisdiction on such courts.

SIGNATURE (Required)

DATE

NAME (Print)

TITLE

Fax to 954-752-6430

Revised 8/29/16

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby absolutely and unconditionally and jointly and severally (if more than one) personally guarantee to **ABB OPTICAL GROUP** and agree to be directly liable for the due payment and performance of any and all of Customer's present and future obligations to **ABB OPTICAL GROUP**. The undersigned consent to any agreements with Customer including payment extensions. This Personal Guarantee shall be the continuing, irrevocable and unconditional obligation of the undersigned, and the undersigned hereby waive demand of payment, notice of presentment, and any and all requirements of notice, defenses, offsets and counterclaims and any other act or omission of **ABB OPTICAL GROUP** which changes the scope of the undersigned's risk. The undersigned agree that **ABB OPTICAL GROUP** may proceed directly against the undersigned without first proceeding against Customer and to indemnify **ABB OPTICAL GROUP** for all damage, loss, liability and expense (including attorneys' fees) **ABB OPTICAL GROUP** incurs in enforcing its rights against Customer or the undersigned. By signing below the undersigned agree to this Personal Guarantee. This Personal Guarantee shall be governed by the laws of the State of Florida.

_____	_____	() _____
GUARANTOR NAME (Print)	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
_____	_____	_____
HOME ADDRESS	CITY	STATE ZIP CODE
_____	_____	
SIGNATURE (Required)	DATE	
_____	_____	() _____
GUARANTOR NAME (Print)	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
_____	_____	_____
HOME ADDRESS	CITY	STATE ZIP CODE
_____	_____	
SIGNATURE (Required)	DATE	

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