

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 their entirety and make certain to include the following:

- Signature on Credit Application (Print dark and clearly- Physical Signature Required)
- Signature for Personal Guarantee (Print dark and clearly- Physical Signature Required)
- Copy of Practitioner License
- Copy of Purchase Exemption Certificate or PST Number (If applicable)

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

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

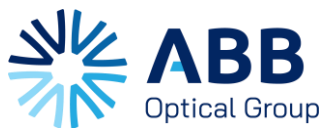
By doing so, you are giving **ABB OPTICAL GROUP**, as well as its agents, affiliates and lenders, permission to review your business and personal credit history in order to provide you with formal credit approval.

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:

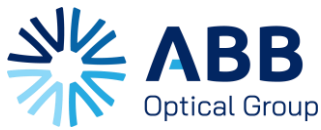
- Billing cycle ends the **LAST FRIDAY OF EVERY MONTH**
- Statements are emailed the next business day after month end
- Statements and invoices are available online at www.abboptical.com
- Due date for payments is the **12th** of the month
- The minimum standard for **ABB** Optical Group website usage is Windows OS 7 and above, Internet Explorer 10 (IE10), Chrome and/or Firefox browsers

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**.



Credit Application	
Application Type:	<input type="checkbox"/> New Customer <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Financial Review <input type="checkbox"/> Account Reactivation
GPO:	<input type="checkbox"/> None <input type="checkbox"/> Vision Source <input type="checkbox"/> LensCrafters <input type="checkbox"/> Pearle Vision
Affiliations:	<input type="checkbox"/> None <input type="checkbox"/> IDOC <input type="checkbox"/> PERC <input type="checkbox"/> PECAA MAX <input type="checkbox"/> Aquios <input type="checkbox"/> IOP
Optical Sales Consultant:	
Labs Account Manager:	
Have you ever done business with ABB Optical Group? If yes, provide account number(s)	

BUSINESS INFORMATION			
Legal Entity:		D/B/A (Doing Business As):	
Business Start Date:		Federal ID #:	
Expected ABB Optical Group Monthly Purchases: \$			
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor			
Type of Account: <input type="checkbox"/> ABB Contact Lens <input type="checkbox"/> ABB Lab <input type="checkbox"/> ABB Business Solutions Only <input type="checkbox"/> All of the Above			
Internet Reseller: <input type="checkbox"/> Yes <input type="checkbox"/> No		Residential Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip Code:	
Telephone:		Fax:	
<input type="checkbox"/> Address and Shipping Address are the same			
Shipping Address:			
City:	State:	Zip Code:	
Telephone:		Fax:	
BILLING INFORMATION			
Payment Type: (choose one) <input type="checkbox"/> Check (Due by the 12 th) <input type="checkbox"/> ACH (Auto on 20 th) <input type="checkbox"/> Credit Card (Auto on 5 th)			
**If check, please select payment method:(choose one) <input type="checkbox"/> Invoice (open item) <input type="checkbox"/> Statement (balance forward)			
Do you have an exemption/resale certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
**If yes, the purchase exemption certificate must be provided.			
Statements and invoices are electronically sent. Please provide up to 4 email address:			
1.		3.	
2.		4.	
Accounts Payable Contact:		AP Telephone:	
Accounts Payable Email Address:			
PRACTITIONER INFORMATION			
Practitioner Name:		<input type="checkbox"/> OD <input type="checkbox"/> MD <input type="checkbox"/> DO Other:	
License Number:	State:	Expiration Date:	
Cellular Number:		Email Address:	



TERMS AND CONDITIONS

Customer Legal Business Name: _____

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.

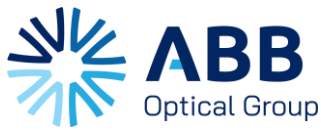
SIGNATURE (Required)

DATE

NAME (Print)

TITLE

Fax to 954-752-6430 or E-mail to creditapp@abboptical.com



PERSONAL GUARANTEE (optional but may be required based on business credit rating)

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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