

Local Customers: (585) 254-0022 • Fax: (585) 254-5026 • accounts@rochesteroptical.com

NAME / ADDRESS			
Business or Corporate Name			Date
Street Address			Federal I.D. Number
Mailing Address			Phone
City	State	Zip	Fax

COMPANY INFORMATION			
Type of Business			In Business Since:
Legal Form Under Which Business Operates			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
If Division/Subsidiary, Name of Parent Company:			In Business Since:
Name of Company Principal Responsible for Business Transactions:			Title
Address	City	State	Zip: Phone
Name of Company Principal Responsible for Business Transactions			Title
Address	City	State:	Zip Phone

A/P CONTACT		
Person our credit department should contact concerning payment questions		
A/P Phone Number	A/P Fax Number	A/P E-Mail

BANK REFERENCES		
Institution Name	Contact	
Account #	Phone	Fax
Address		

TRADE REFERENCES	
Company Name	Contact Name
Address	
Phone	Fax
Company Name	Contact Name
Address	
Phone	Fax
Company Name	Contact Name
Address	
Phone	Fax

CREDIT CARD INFORMATION		
Card Type (Visa/ MC)	Name of Card Holder	
Card Number	Expiration Date	Security Code
Billing Address/Zip of Card Holder		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Signature

 Date