



CREDIT APPLICATION

DATE ____ / ____ / ____

TRADE NAME OF FIRM: _____

LEGAL NAME: _____

BILLING ADDRESS: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SUBSIDIARY OF: _____ DIVISION OF: _____

YEAR ESTABLISHED: _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP INDIVIDUAL OWNER

KIND OF BUSINESS: _____ FEID#: _____

NAMES OF PRINCIPAL OWNERS: _____ TITLE: _____

_____ TITLE: _____

NAME OF PERSON IN CHARGE OF A/P: _____

PHONE: _____ FAX: _____ EMAIL: _____

INVOICE DELIVERY METHOD: MAIL EMAIL

ESTIMATED CREDIT LIMIT REQUESTED: _____

NAME OF PERSON IN CHARGE OF PURCHASING: _____

CREDIT CARD INFORMATION NAME ON CARD: _____

CC#: _____ EXPIRATION DATE: _____

HOW DID YOU HEAR ABOUT US:

MAGAZINE AD: ___ WEBPAGE: ___ FACEBOOK PAGE: ___ TRADE SHOW: ___ DIRECT MAIL: ___ OTHER: ___

WHO IS YOUR CURRENT SALES REPRESENTATIVE?: _____

BUSINESS REFERENCES

(Please list minimum of three references in the columns provided below)

1. COMPANY NAME: _____ DIRECT CONTACT: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

2. COMPANY NAME: _____ DIRECT CONTACT: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

3. COMPANY NAME: _____ DIRECT CONTACT: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

4. COMPANY NAME: _____ DIRECT CONTACT: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: OPTEC USA, Inc.

Address: 975 Progress Circle, Lawrenceville, GA 30043

I certify that:
 Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered
 Wholesaler
 Retailer
 Manufacturer
 Seller (California)
 Lessor (see notes on pages 2-4)
 Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
 (Owner, Partner or Corporate Officer)

Title: _____

Date: _____



CREDIT APPLICATION

CUSTOMER AGREEMENT

(Please keep a copy for your own records)

1. If credit is extended, our terms will be Net 30 days from date of shipment.
2. The applying organization will be responsible for paying 1 ½ % (or the legally highest interest rate) per month on delinquent accounts and the recovery of reasonable collection and attorney fees in the event an account is turned over for collection.
3. If your invoices ARE NOT paid within the approved terms, you authorize us to charge the credit card on file for all past due invoices.
4. My authorization below authorizes all parties stated above to release any necessary information to OPTEC USA including but not limited to banking information. Also, I approve OPTEC USA Inc. to obtain credit information from other sources such as D&B, credit bureau's, etc.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____