

Q-VISION Optics Inc.

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CREDIT APPLICATION

COMPANY BACKGROUND

COMPANY NAME :		TEL: ()	FAX : ()	
ADDRESS :		CITY :	STATE:	ZIP CODE:
TYPE OF BUSINESS : SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION ()			ESTABLISHED IN STATE OF:	
YEARS BUSINESS ESTABLISHED:		NO. OF YEARS UNDER PRESENT MANAGEMENT:		
NAME OF OFFICE(#1):	TITLE:	NAME OF OFFICE(#2):	TITLE:	
TAX RESALE #:	FEDERAL TAX ID #:	D & B #:		

BANK REFERENCE

NAME OF BANK(#1) :		TEL: ()	FAX : ()	
ADDRESS :		CITY :	STATE:	ZIP CODE:
ACCOUNT(#1) NO:	TYPE OF ACCOUNT:	ACCOUNT(#2) NO:	TYPE OF ACCOUNT:	
NAME OF BANK(#2) :		TEL: ()	FAX : ()	
ADDRESS :		CITY :	STATE:	ZIP CODE:
ACCOUNT(#1) NO:	TYPE OF ACCOUNT:	ACCOUNT(#2) NO:	TYPE OF ACCOUNT:	

TRADE REFERENCE

NAME OF VENDOR(#1) :		TEL: ()	FAX : ()	
ADDRESS :		CITY :	STATE:	ZIP CODE:
NAME OF VENDOR(#2) :		TEL: ()	FAX : ()	
ADDRESS :		CITY :	STATE:	ZIP CODE:
NAME OF VENDOR(#3) :		TEL: ()	FAX : ()	
ADDRESS :		CITY :	STATE:	ZIP CODE:

AMOUNT OF FIRST ORDER : \$ _____

MONTHLY CREDIT REQUESTED : \$ _____

I HEREBY AUTHORIZED Q-VISION Optics Inc. TO WHOM THIS APPLICATION IS MADE OR ANY CREDIT BUREAU OR OTHER INDEPENDENT AGENCY EMPLOYED BY Q-VISION Optics Inc. TO CONTACT THE REPERENCES HEREIN LISTED AND/OR TO INVESTIGATE STATEMENTS OR OTHER DATA OBTAINED FROM THE APPLICATION OR FROM ANY OTHER PERSON PERTAINING TO OUR CREDIT AND FINANCIAL RESPONSIBILITIES.

SIGNATURE: _____ TITLE: _____ DATE SIGNED: _____

FOR COMPANY USE ONLY-----

DATE ORDERED:	D&B RATING:	BANK(#1):	BANK(#2):
ACL:\$	TRADE(#1):	TRADE(#2):	TRADE(#3):
REP:	_____ (SALES MANAGER)		_____ (CREDIT MANAGER)