

Application for Credit

Fax to (800) 441-8866
or email to lkopsak@perferxprecision.com

Company Name _____

Address _____ City _____ ST _____ Zip _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Email Address _____

Sole Proprietorship ___ Partnership ___ Corporation ___ Fed. #ID _____

Years in Business _____ Type of Business _____

Principals of Business:

Name _____ Home Address _____ SS# _____

Name _____ Home Address _____ SS # _____

OTHER KEY PERSONNEL:

Optical Dispensary Manager _____ Email _____

Accounting _____ Email _____

READ CAREFULLY:

I, _____, residing at _____
Name (Please Print) Home Address

For and in consideration of you extending credit at my request to _____
(Name of Company)

(Hereinafter referred to as the "company") of which I am (Title): _____, hereby personally guarantee to you payment of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company. That this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed, and to all renewals of extension of credit. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over to an attorney for collection, attorney's fee equal to 33-1/2% of the balance due plus all attendant collection costs.

Signature _____

Date _____

Witness _____

Date _____

Address _____