



Jorgenson Peninsula Optical
 1901 South Union Suite B-1001
 Tacoma, WA 98405

Phone: 800-426-8918
 Fax: 253-572-9041

CREDIT APPLICATION

COMPANY

Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ A/P Contact: _____

State: _____ Zip: _____ Main E-mail: _____

Sole Proprietorship Corporation TAX ID#: _____

PRINCIPALS

Name: _____ Title: _____

Name: _____ Title: _____

BANK INFO

Bank: _____ Branch: _____

Acct Number: _____

LOCAL TRADE REFERENCES						
NAME	TELEPHONE	ESTABLISH DATE	HIGH CREDIT	NOW DUE	PAST DUE	TERMS / DISCOUNTS
1						
2						
3						

Service Charges

All payments are due in accordance with the terms of sales as set forth on the statement. If the purchaser fails to make payments when due, purchaser shall pay a service charge on the unpaid balance at the end of each month at the monthly rate of 1.5%. In consideration of JORGENSEN OPTICAL SUPPLY sale of goods and the extension of credit to the above named individual/firm, the undersigned, (1) hereby certifies to the accuracy of the statements set forth in this application: (2) agrees to pay the service charges set forth above and all collection costs and attorney's fees in the event this account must be placed in the hands of an attorney for collection.

SIGNATURE: _____

TITLE: _____

PRINT NAME: _____

DATE: _____