



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  SSN/Corp. 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: \_\_\_\_\_

DATE: \_\_\_\_\_