

Optical Works Corporation

CREDIT APPLICATION

P. O. Box 1686
Muskogee, OK 74402-1686
(918) 682-1806
Fax: (918) 683-9527
www.opticalworks.com
Email: owc@opticalworks.com

Company:							
Address:	City:	State:	Zip:				
Telephone: ()		Fax: ()					
Email:							
Partnership	<input type="checkbox"/>	Corp	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Years in Business	

Partners or Corporate Officers		
Name	Title	Telephone
		()
		()
		()

Bank References		
Bank Name & City	Account No.	Contact Name & Phone

Trade References		
Company	Account No.	Contact Name & Phone

For Tax Exempt Status a Certificate of Exemption must be on file. Tax Exempt No.: _____

BALANCES EXCEEDING 30 DAYS ARE SUBJECT TO 1.75% PER MONTH SERVICE CHARGE.

All information and representations in this credit application are correct and I understand that payment in full is required monthly in accordance with terms. I also understand and agree to pay all service charges should my account become delinquent. I agree to pay all costs of collecting past due amounts, including attorney fees and court costs.

Signature of Officer _____ Title _____ Date _____
Print Name: _____