

Date

Notes

Account Application

18571 Gale Ave. City of Industry, CA 91748 Phone: (909) 464-1818 Email: info@onooptical.com

Fax: (909) 464-1787

Account Information			
Name of Applicant Name of Legal Entity			
Bill-To Address (statement mailed here) City / State / Zip			
Set as Primary Ship To? Yes O			
Ship-To Address (if different than above)			
City / State / Zip			
Set as Primary Ship To? Yes			
Business Phone		Business Fax	
Contact Person		Email	
Exempt from sales tax (AR, CA, IL, MO, NV, TN only)	No O Yes O	(ifyes, please mail or fax in	Sales tax Exemption Certificate)
Belong to Buying Group or Co/Op? Yes 🔾	Group Name		Member ID
Business Organization			
OD O MD Lab O Optician	Retailer O Distrib	outor 🔾	Date Formed
Sole Proprietor Partnership		LLC O PA O	Date Formed
Federal Tax ID	•	Resale Number	
Business Owner #1		Email	
		Email	
Business Owner #2		Eman	
Trade References			
Reference	Account #		Phone
Reference	Account #		Phone
Reference	Account #		Phone
Required Signature			
I authorize OnO Optical to obtain credit information from the above listed refrences and from any credit-reporting agency.			
I have read the terms and conditions and acknowledge such terms and conditions govern my relationship with OnO Optical. My signature below indicates acceptance of and agreement to terms and conditions and my guarantee of buyer's obligation. It is further under-			
stood and agreed that should this account not be paid to terms, the undersigned will pay interest at the highest rate allowed by law in			
the State business resides. If the account is turne	d over to collection,I accep	t and will pay resonable a	ttorney or collection fees.
Print Name		Title	
Signature		Date	
		•	
For Internal Use:			
Acct No		Assigned rep	

CL