

# JR Vision Group, Inc.

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Tel: (562) 945-2569, Fax (562) 945-9169

Toll free No. 1-888-822-7717, www.jrvisioninc.com

## Credit Application by References

### COMPANY INFORMATION

LEGAL COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER TRADE NAME \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### REFERENCE LISTINGS

1. COMPANY \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

2. COMPANY \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

3. COMPANY \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

With the signature at the bottom of this page, I/we allow JR VISION GROUP, INC., to investigate the references listed pertaining to my/our credit and financial responsibility and expressly agree to make payment in full for all purchases in accordance with JR VISION GROUP, INC.'s invoice(s). Should the undersigned default in any such payment, the undersigned expressly agrees to pay late payment charge of \$30 on the balance for each month that it is past due and the interest on any amounts in default at maximum rate permitted by law, and, at your option, all amounts owed to you by the undersigned shall become immediately due and payable. The undersigned further agrees to pay a reasonable attorney's fee and other costs and expenses incurred by undersigned in the collection of any obligation of the undersigned pursuant here to. This agreement shall become effective when accepted by your authorized representation. The undersigned shall not transfer or assign this agreement without prior written consent of **JR VISION GROUP, INC.**

NAME (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please fill out this form and then fax it back to us in order to change your payment terms.

Thanks for your cooperation.