



Proud to be INDEPENDENT

RITE-STYLE OPTICAL CO.

NEW ACCOUNT REQUEST

Please fax to: 800-373-1515

RSO USE ONLY

OFFICIAL BUSINESS NAME (FOR BILLING PURPOSES)

OTHER BUSINESS NAMES CURRENTLY USED/DBA

SHIPPING ADDRESS

CITY / STATE / ZIP CODE

BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

CITY / STATE / ZIP CODE

PHONE #

FAX #

KEY CONTACT PERSON FOR LAB

POSITION / JOB TITLE

E-MAIL

KEY CONTACT PERSON FOR BILLING

POSITION / JOB TITLE

E-MAIL

ADDITIONAL CONTACT (OPTIONAL)

POSITION / JOB TITLE

Do you do your own edging on site?

- No, Some Jobs, Most Jobs, All Jobs

How do you prefer to place orders?

- Internet, Phone, Fax, Mail

NOTE: Shipping charges will be waived for orders placed on-line at: www.RiteStyle.com. If you interested in On-Line Ordering, please register your user name and password here:

User ID: Password:

User ID and Password are case sensitive. We suggest you choose lower case letters &/or use numbers - something like a phone number that everyone will remember.

How did you hear about Rite-Style Optical Co. ?

Form with sections: ACCT #, REQUEST DATE, APPROVED BY, TERRITORY #, BUSINESS TYPE, INCOMING SHIPPING LABELS, PICK UP?, OUTGOING SHIPPING METHOD, NEW ACCOUNT PACKAGE, COMMENTS

# RITE-STYLE OPTICAL CO.

# CREDIT APPLICATION

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Business Name: \_\_\_\_\_

Tax ID# \_\_\_\_\_ Date Business Established: \_\_\_\_\_ Years at Current Location: \_\_\_\_\_

Ownership Status:  Sole-Proprietorship  Partnership  Corporation

## OWNERS/PRINCIPALS

NAME	TITLE	SOCIAL SECURITY# <small>not required with valid TAX ID #</small>
1		
2		
3		

## CREDIT REFERENCES - must include current optical laboratory &/or buying group

BUSINESS NAME	PRODUCT	ACCOUNT #	PHONE #
1			
2			
3			

## CREDIT HISTORY VERIFICATION AUTHORIZATION

I authorize Rite-Style Optical Co. and/or its related entities to obtain credit information from the above listed references and from any credit reporting agency. I have read the terms and conditions provided and I acknowledge that such terms govern my relationship with Rite-Style Optical Co. and/or its related entities. My signature below indicates my acceptance to those terms and conditions and my personal guarantee of Buyer's obligations. By my signature, I also certify that all information is true and correct and that I am authorized to make this application.

## CREDIT AGREEMENT

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 30 Days from Statement Date or by 10th of following month for all discounts) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past-due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees (whether or not litigation has commenced) and all costs of litigation incurred.

The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Rite-Style offers a Credit Card payment option with no service fees. If you want to pay monthly by credit card, provide the following:

Visa  MasterCard  American Express

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_



Proud to be  
**INDEPENDENT**

**RITE-STYLE OPTICAL CO.**

12240 Emmet ♦ Omaha, NE 68164  
(402) 492-8822 ♦ (800) 477-9291

FAX THIS FORM TO: **(800) 373-1515**