



QUEST VISION CARE SPECIALTY LAB

The Lab's Lab

New Account Application

To our valued customer:

In order for us to expedite the processing of this credit application we request that you complete the application fully, sign in the proper place, and return application, financial statements, and sales tax exemption certificate to above address.

Company Name: _____ Fed. Tax ID.: _____

Type of Business: _____ In business since: _____ Website: _____

Shipping Address: _____

Billing Address: _____

Contact Person/Title: _____ Telephone: _____ E-mail: _____

Person responsible for A/P: _____ Telephone: _____ E-mail: _____

Proprietors, Partners or Company officers:

1) Name: _____ Title: _____ SSN: _____ Tel.: _____

2) Name: _____ Title: _____ SSN: _____ Tel.: _____

Bank Name: _____ Branch Location: _____

Account #: _____ Contact Person/Title: _____ Tel.: _____

Trade References:

1) Company Name _____ Acct #: _____ Tel.: _____

2) Company Name _____ Acct #: _____ Tel.: _____

3) Company Name _____ Acct #: _____ Tel.: _____

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. The signature below shall be authority for banking and trade references to release credit information. The undersigned further agrees to pay for merchandise and /or services within the Quest Optical Specialty Lab billing terms. In the event of default, the undersigned agrees to pay reasonable attorney fees and other costs incurred in collection.

Signature: _____ Title: _____

Print Name: _____ Date: _____

PERSONAL GUARANTEE FOR: _____

Company name

In consideration of credit being extended by Quest Optical Specialty Lab the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, and other entity the undersigned guarantor and guarantors each hereby contract and guarantee to Quest Optical Specialty Lab the faithful payment, when due, of, all accounts of said expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor and guarantors of dishonor and default by applicant with respect to any security held by Quest Optical Specialty Lab extension of time payment to applicant acceptance of partial payment and partial compromise. All other notices to which the undersigned guarantor and guarantors might otherwise be entitled and demand for payment under this guarantees.

****The use of a corporate title in no way shall affect the personal liability of this guarantee.****

Signature: _____ Print name: _____ Date: _____

9103 132nd Avenue North, Largo, FL 33773

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Fax: 727-581-2890

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