



170 Legrand Ave. CN# 947
Northvale NJ 07647

16128 Cohasset St.
Van Nuys, CA 91406

170 Legrand Ave. CN# 947
Northvale NJ 07647

PHONE: (800) 822.4343 FAX: (800) 627.7280

PHONE: (855) 589.5367 FAX: (877) 229.3862

PHONE: (888) 767.0383 FAX: (800) 627.7280

www.avaloneyewear.com

ACCOUNT APPLICATION

DATE: _____

We hereby apply to you for an extension of credit. The following information is submitted as a basis for your consideration of our application

PLEASE TYPE OR PRINT

Name of Firm _____

DBA (if applicable) _____ E-mail _____

Street Address _____ COUNTY _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

PLEASE CHECK ONE Individual Partnership Corporation

S/S # _____ EIN # _____

PRINT FULL NAME OF OWNER OR AN AUTHORIZED OFFICER OF CORPORATION. LIST HOME ADDRESS, ZIP CODE & PHONE NUMBER

Name _____ Name _____

Home Address _____ Home Address _____

Phone _____ Phone _____

Years Established _____ Years Established _____

Are you a franchise? Yes No of what company? _____

Applicant's signature attests financial responsibility, ability and willingness to pay for all purchases and service charges incurred from each of the following companies including Avalon Eyewear Inc., LAB-Tech Inc., and LAB-Tech west Inc., in accordance with the terms of Net 10 EOM. It is understood and agreed that should this account at any time not be paid within agreed billing terms the undersigned will pay interest on the sum due at the maximum rate allowed by law, accruing daily beginning the day after the sum becomes due and payable and ending on the day the sum is paid in full. Should this account be placed with an outside collection service and/or attorney for collection whether or not suit is filed, the undersigned will pay all attorney/collection fees, court costs, and all expenses incurred in connection with collecting past due amounts.

Print Name Title Signature

Print Name Title Signature

The undersigned, to induce the granting of credit to the above named firm, hereby personally guarantees the company's credit and willingness to pay as stated above. This shall be a continuing guarantee and shall not be affected by any extension of time, payment, modifications, or additions.

Print Name Signature

Print Name Signature

Trade References: (at least 3)

Name	Acct Number	Name	Acct Number

PHONE: (855) 589.5367



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www.lab-tech.net