



Toll Free: 888-LENS-GUY (888-536-7489)
 Phone: 631-663-3558
 Toll Free Fax: 1-888-CCTVFX1
 Fax: 631-269-5368
 E-mail: info@tekstaroptical.com

TEKSTAR OPTICAL INC.
270 KOHR RD
KINGS PARK, NY
11754-1237

Website: www.tekstaroptical.com

CONFIDENTIAL CREDIT APPLICATION

SALES REPRESENTATIVE: (COMPLETE SECTION) _____

To submit application for open account consideration, Sales Representative should assist applicant in all parts of this form, obtain valid signature and forward to Tekstar Optical, Inc., Credit Department.

ATTENTION: CREDIT MANAGER

Date _____ Sales Representative Signature _____

New Account Name _____

PROFILE

Bill To: _____ Ship To: _____

Street _____ Street _____

City _____ State _____ City _____ State _____

Zip _____ Tel (____) _____ Zip _____ Tel (____) _____

Fax (____) _____ Fax (____) _____

Please Circle: Corporation Proprietor Partnership Division Subsidiary Branch

Date Business Started _____ Resale Certificate No. _____

Date Of Incorporation _____ DUNS Number _____

Date Of Incorporation _____ Projected Monthly Requirements _____

Insurance Carrier _____ Policy # _____

Account Payable Mgr. _____ Telephone (____) _____

PROPRIETOR, PARTNERS OR OFFICES

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

PRINCIPLE PRODUCT LINES

_____ (____) _____ (____)

_____ (____) _____ (____)



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TRADE REFERENCES:

Name _____ Street _____ City _____

State _____ Zip _____ Contact _____

Tel (____) _____ Fax (____) _____

Name _____ Street _____ City _____

State _____ Zip _____ Contact _____

Tel (____) _____ Fax (____) _____

Name _____ Street _____ City _____

State _____ Zip _____ Contact _____

Tel (____) _____ Fax (____) _____

Name _____ Street _____ City _____

State _____ Zip _____ Contact _____

Tel (____) _____ Fax (____) _____

BANK REFERENCES:

Account # _____

Name _____ Street _____ City _____

State _____ Zip _____ Contact _____ Tel (____) _____ Fax (____) _____

Account # _____

Name _____ Street _____ City _____

State _____ Zip _____ Contact _____ Tel (____) _____ Fax (____) _____

CREDIT AGREEMENT

The information contained herein and which may be attached hereto is true and complete, and is provided for the purpose of inducing Tekstar Optical, Inc., to establish credit for the applicant. The information contained or attached is provided by an authorized individual of the entity applying for the credit with Tekstar Optical, Inc. Tekstar Optical, Inc., is authorized to obtain any additional information it may consider necessary for determination of such credit line. In consideration for any credit that may be extended, applicant promises to pay all purchases in accordance with all terms and conditions of sales stipulated on Tekstar Optical, Inc., invoices or distributor agreements. Applicant also agrees to Tekstar Optical, Inc.'s standard term of sale, net 30 days from the date of invoice (unless otherwise stated in writing), and agrees to pay finance charges of 1.5% per month or 18% per annum on all past due invoices. Acceptance of this completed credit application by Tekstar Optical, Inc., does not construe or convey that the applicant will be granted credit.

Signature _____ Title _____ Date _____

Must be signed by Owner, President, Vice President or Treasurer
Application cannot be accepted unless signed by one of the above