

New Account Application Form

Company Name: _____ Shipping Address: _____
Billing Address: _____ Contact Name: _____
Tel#: _____ Email: _____
Accts Contact: _____ Tel: _____
Email: _____

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/or services within the Optilab Caribbean billing terms.

Name: _____ Signature: _____

Personal Guarantee for: _____

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 and return the application to the address stated below.