

21st Century Optics Credit Application

47-00 33rd St.
Long Island City, NY 11101
718 392 2310 Fax 718 663 5870

Date _____

Assigned Account # _____

Sales Terr # _____

53 Brown Ave.
Springfield, NJ 07081
973-379-2020 Fax 973-379-2131

Company:		Contact:
Address:		
Email Address:	Telephone #	Fax #
Type of Business (Partnership/Corp.)	Years in Business:	Federal ID #:
Credit Card #	Expiration Date:	

Proprietor and Partners		
Name / Title	Home Address	Telephone

Bank References		
Bank Name & Address	Account Number(s)	Contact Name & Phone

Trade Reference

I certify that the above information is true. This information is to be used only for opening an account. In order to induce 21st Century Optics, Inc. to extend credit to our business, and in consideration of your extending credit to said business at our request; I/We joint and severally guarantee prompt primary and immediate payment of any sums or credit advanced to said business. A 1.5 percent service charge on balances 30 days past due. The undersigned additionally agrees to pay all costs of attempting to collect delinquent payments; including a reasonable attorney's fee, not to exceed 20%, whether same is collected through suit or otherwise.

Social Security # _____

Social Security # _____

Signature, Date _____

Signature, Date _____

Print Name _____

Print Name _____