

Sunshine Optics

5459 115th Ave N
Clearwater, FL 33760
Local tel: 727-674-1495
Toll Free tel: 800-558-0715
Fax: 866-343-0992

Credit Agreement

Account Title (Legal Name) and Address: _____
Street: _____ City: _____ State: _____
Zip: _____ Phone: _____ Fax: _____

Shipping Address: _____
Street: _____ City: _____ State: _____
Zip: _____ Phone: _____ Fax: _____
Email: _____

Business operates as: Corporation Partnership Proprietorship
Social Security # or Tax ID #: _____ Date started: _____ State Incorporated: _____

Owners, Partners, or Corporate Officers:

Name	Title	Home address	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade References:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In connection with Sunshine Optics' extension of credit to me (us), I (we) hereby agree, jointly and separately, to be responsible for payment of all goods and services supplied to me (us) and/or the above-named business. I (we) further agree that Payment shall be made in accordance with the amount set forth on the statement and is due by the 15th day of each month, and understand that I (we) will be charged a service charge of 1.5% per month if my (our) account becomes delinquent. I (we) also agree to pay all collection costs incurred by Sunshine Optics should it become necessary to collect via a delinquent balance. These costs may include, but are not limited to: collecting agency fees, court costs, and attorney's fees.

Accepted and agreed to on: _____ (date)

Signature of Owner, Partner, or Officer

Please print name of Signatory and Title