



2801 S. Columbia Rd.  
Bogalusa, LA 70427

ph: 985-735-3937  
ph: 800-480-4971  
fx: 985-735-9000

### BUSINESS CONTACT INFORMATION

Date business commenced:		
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Phone   Fax		
E-mail		
Registered company address City, State ZIP Code		

### BUSINESS AND CREDIT INFORMATION

Bank name:			
Main Branch Address: City, State, ZIP Code			
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

### PRINCIPALS & OWNERS

Name				Title
Personal Address				
City		State		ZIP Code
Name				Title
Personal Address				
City		State		ZIP Code



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CREDIT AGREEMENT

2 of 2 pg.

The Company, ESO Laboratories, Inc., a Louisiana corporation, doing business as EYE SAVE OPTICAL, INC., of 2801 South Columbia Street, Bogalusa, LA 70427, and the undersigned, do hereby agree with the Company's Terms, Conditions, and Policies as set forth below.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The information on page 1 of this agreement is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE:

1. Net 30; 20% 10th of the Mth.
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit dept.
3. PERSONAL GUARANTEE: If the credit customer is a corporation, LLP or LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the entity.

I have read the terms and conditions stated above and agree to all of these terms and conditions.

Authorized Signature 1 : \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN or TIN: \_\_\_\_\_

Authorized Signature 2 : \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN or TIN: \_\_\_\_\_

For fast Credit approval, please fax: Attn: Credit Dept. : 985-735-9000