



The Network of Labs Credit Application

Select Lab of Choice:

I understand I am applying to either Central One Optical, Cherry Optical, Homer Optical or Opti-Stock but my account will be active in the other labs in The Network of Labs as well

Cherry Optical _____

Central One Optical _____

Homer Optical _____

Opti-Stock _____

Business or Doctor's Name: _____

Type of Ownership: _____ Proprietorship _____ Partnership _____ Corporation

Type of Business: _____ Resale _____ Wholesale

Billing Name: _____

Billing Address: _____

Contact Person: _____

Phone# _____ Email Address: _____

Years in Business: _____ Federal ID# or Sole Proprietor Soc. Sec. # _____

Projected Monthly Sales Volume: _____

I, the undersigned, do hereby apply for credit with Central/Cherry/Homer Optical/Opti-Stock

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit, and I hereby authorize you to obtain information from any of the references listed above.

I agree to pay all statements received from Central/Cherry/Homer/Opti-Stock each month by the 10th day of the calendar month following the statement date in full and without exception. It is further understood and agreed that should I at any time be in default of any of the terms of this agreement, I will reimburse Central/Cherry/Homer/Opti-Stock for all costs incurred in collection of this account, including, but not limited to, reasonable attorney fees and all costs of courts.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____



Once complete, please fax or email attention:
Central: Jennifer at 888-897-9725 or jennifer@centraloneoptical.com
Cherry/Opti-Stock: Stephanie at rodriguez@cherryoptical.com
Homer: Nikole at 301-585-6963 or nikole@homeroptical.com