



# APPLICATION FOR CREDIT

701 S. Oak Street, Creston, Iowa 50801 | [www.poglabs.com](http://www.poglabs.com)

Phone: 800.497.9239 Fax: 800.507.4285

Precision Optical Group, Inc                       CRX Lab

(Please check all that apply)

COMPANY INFORMATION - Have you had an account with P.O.G. Labs before?  No     Yes (If yes, provide previous acct. # \_\_\_\_\_ & Lab \_\_\_\_\_)

Company Name \_\_\_\_\_ D.B.A \_\_\_\_\_ Years In Business \_\_\_\_\_

Name(s) of Principal Owner(s) \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

A/P Contact & Phone # \_\_\_\_\_

I would like my monthly statement emailed to: \_\_\_\_\_

Ownership:    Sole Proprietor \_\_\_\_\_                      Corporation \_\_\_\_\_                      Partnership \_\_\_\_\_

                         SSI# \_\_\_\_\_                      Federal ID# \_\_\_\_\_                      SSI# \_\_\_\_\_

Are you TAX EXEMPT?     No     Yes (if yes, please provide an exemption certificate)                      Tax ID # \_\_\_\_\_

## BANK REFERENCE

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Contact \_\_\_\_\_ Checking Account # \_\_\_\_\_ Loan # \_\_\_\_\_

CREDIT LIMIT REQUESTED \$ \_\_\_\_\_

TRADE REFERENCES (Please provide comparable trade references whom you do business with)

[1] _____	[2] _____	[3] _____
Acct. # _____	Acct. # _____	Acct. # _____
Ph. # _____	Ph. # _____	Ph. # _____
Fax # _____	Fax # _____	Fax # _____

## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

The undersigned authorizes P.O.G. Labs and / or its related entities to obtain credit information from the above listed references, the bank, and from any credit reporting agency.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

[Please specify: Owner, Partners, or Corporate Office]

## PERSONAL GUARANTEE

The undersigned does hereby absolutely, unconditionally and personally guarantee to P.O.G. Labs, the payments of all indebtedness and obligations of whatever nature to P.O.G. Labs as they come to be due, whether such indebtedness and obligations exist on the date of this instrument or are incurred after such date. The obligations hereunder shall be binding on the heirs, administrators, successors and assigns of the undersigned. If the account becomes delinquent and is placed for collection the undersigned agrees to pay any and all collection fees and if court action becomes needed, further agrees to pay attorney fees, court costs and related travel expenses. Venue for any litigation shall occur in Creston, Iowa, Union county - Home Office of Precision Optical Group and P.O.G. Labs.

Guarantor (Print Name) \_\_\_\_\_ SSN# \_\_\_\_\_ Guarantor Signature \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

**FOR OFFICE USE ONLY**                      A D    RL \_\_\_\_\_                      ACL \_\_\_\_\_                      CDP

