HILCO VISION

Hilco | Wilson | Leader | OnGuard | iPromotions

CUSTOMER SET-UP FORM

P.O. Box 1538, Plainville, MA 02762   **Phone:** 800-955-6544   **Fax:** 800-959-4452
Email: customerservice@hilco-usa.com

Business Information:

Business Name: _____ DBA: _____

Business Type: Optician _____ Optometrist _____ Ophthalmologist _____ Chain _____ Other_____

Owner/Principal (print) _____ Title: _____

Doctor Name: _____ DR Lic #:_____ Exp Date _____

Fed Tax ID # _____   DEA # _____   Exp Date _____   D&B # _____

Do you lease space/associated with a chain of stores: Yes: ____ No: ____ Yrs Business: ____ # of Locations: _____

If Yes: Name of Eye Care Chain: _____Store #:_____

Company Contact/Title: _____ Email: _____

Billing Information:

Street Address: _____

City_____ State _____ Zip_____ Country_____

Business Telephone #: _____ Business Fax #: _____

A/P Contact:_____ AP Contact Email:_____

Invoices and statements will be delivered via email or fax (Select your preference)   Email: _____   Fax: _____

Shipping information:
Include Suite or Floor # if applicable. (Please no PO Box #'s)   Is this a residence address? Yes: _____ No: _____

Is ship to same as bill to? Yes: _____ No: _____

Ship to: Street address _____

City_____ State _____ Zip_____ Country_____

**Web ordering:
Please provide the email address to be associated with your web account. **REQUIRED to set-up an account.
_____

Sales Tax Information: Copy of our resale is attached (select one)   Yes: _____   No: _____
                                    We do not have a resale or exemption certificate (select one)   Yes: _____   No: _____
Payment Options: (select one and complete section form on Page 2)

EZPlay Advantage(Monthly Credit card)	Credit Card Terms per order	Open Terms
Complete section A	Complete section A	Complete section B

Upon approval of your application you will be contacted by a Hilco Representative within 48 hours.

HILCO VISION
Hilco | Wilson | Leader | OnGuard | iPromotions

SECTION A   Credit Card Information

Select Billing Method: _____ **Ea$yPlay** Advantage Program (Auto Monthly) _____ Charge per Order
Credit Card Type (check one): _____ MasterCard _____ VISA _____ American Express

Credit Card #_____Exp Date (MM/YY): _____ Sec Code: _____
Visa/MC - 3 digits on back
AMEX - 4 digits on front

Please provide the billing information exactly as it appears on your monthly statement from the credit card company:

Cardholder Name: _____ Business Name (if on the bill) : _____

Street Address : _____ City _____ State _____ Zip Code _____

Authorized Signature: _____ Title:_____ Date: _____

SECTION B   Customer Credit Application

We would like our account to be set up to pay by (select one): _____ Invoice _____ Monthly Statement

Names of all business owner(s)/principal(s): _____

Years company has been in business: _____ Sales for past twelve months: _____

Bank Information:

Bank Name: _____ Account Number _____

Bank Street Address : _____

City _____ State _____ Zip _____

Account Manager: _____ Phone Number: _____

Trade References (all requested reference information below must be provided): Most companies will only provide reference information by fax, please be sure to provide fax number.

Company Name:	Account #:	Contact Person:	Telephone #	Fax #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant hereby authorizes all banks, credit bureaus, businesses and the references listed above to provide THC with any information requested by THC with respect to opening this account.
Customers wishing to pay by invoice will be set up with Net 30 Day terms; applicant agrees that Net 30 Day terms means that payment must be received by Hilco no later than 30 days from the date of invoice.
Customers wishing to pay by statement will be set up with End of Month (EOM) 15 Day terms. Applicant agrees that EOM 15 Day terms means that payment of the entire balance shown on the customer's monthly statement must be received by Hilco no later than 15 days after the end of the month to which the statement applies.
Applicant hereby agrees to pay finance charges at the rate of 1.5% per month (18% per annum) on any amounts not paid within terms from the date that payment was due until the payment was actually received by THC. Applicant also agrees to pay any and all collection costs, including attorney's fees, incurred by THC to collect outstanding balances plus $100 for administrative costs.
Applicant agrees that all invoices issued by THC will be deemed accurate and correct unless Applicant notifies THC in writing of any disputed charges within 15 days of the invoice date.
If approved for credit terms, Applicant agrees to abide by all other Terms and Conditions established by THC with respect to THC establishing an account for Applicant. By signing below, Applicant affirms that all information provided in this application is true and correct

Signature of Owner/Partner/Officer: _____ Date: _____

P.O. Box 1538, Plainville, MA 02762   Phone: 800-955-6544   Fax: 800-959-4452
Email: customerservice@hilco-usa.com