



P.O. Box 11550  
 344 West Fayette Street  
 Syracuse, New York 13218  
 Phone: (315) 471-5161  
 (800) 836-2020  
 Fax: (315) 475-8542  
 (800) 724-0846

**Company Information:**

Account Name			Date
DBA			
Billing Address	City	State	Zip
Shipping Address	City	State	Zip
Telephone		Fax	
Contact		Phone or Ext.	

**Nature of Business:**     Corporation             Partnership             Sole Proprietor             Other

**Federal ID:** \_\_\_\_\_ **Name of Owner:** \_\_\_\_\_ **Year Est:** \_\_\_\_\_

**Credit References:**

Company Name	Address/City/State/Zip	Phone	Account#

**Bank Reference:**

Bank:			
Address	City	State	Zip
Contact		Phone	

**Terms:** Discountable according to table below due by 10<sup>th</sup> of the month otherwise net 30 days. Past due accounts are subject to a 2% per month finance charge. Accounts will be placed on hold past 60 days unless arrangements are made with Sunburst Optics. In opening an account with Sunburst Optics you assume total responsibility for all collection costs whether personally or corporately. Your acceptance of this agreement and not paying will result in you being charged all costs incurred by Sunburst Optics, their attorneys, accountants, collection agents and court fees. The terms of this agreement shall be enforced in any court of competent jurisdiction in New York State and where New York State laws apply. By signing below, the customer agrees to being subject to suit in New York State under New York State law and takes full responsibility for all unpaid charges incurred.

Authorized Signature \_\_\_\_\_ Name & Title (print) \_\_\_\_\_ Date \_\_\_\_\_

**Fax form to (315) 475-8542 Attn: Dave Cassella**

<b>For Office Use Only</b>	Credit Check	Account	Date
CR Limit	Authorization	Sales Territory	

