



Focused on You.

New Account Application

Please fax back to 678-797-9114

Name of Business: _____

Principals Name: _____ Title: _____

License #: _____ Tax Id: _____

E- Mail Address: _____ Website: _____

Primary Phone #: _____ Alternate Phone #: _____

Fax #: _____ Contact Person: _____

Billing Address: _____

Ship to Address: _____

Buying Group Affiliations: i.e. Vision Source, OOGP, Luxottica, etc.: _____

Principals Signature: _____ Print Name: _____

Date: _____

"The signed Guarantors jointly, severally, and individually, guarantee payment of all present and future indebtedness incurred by the applicant company. I/We agree to pay all such amounts owed, plus interest at the highest legal rate, collection cost, reasonable attorney's fees, and court costs. This guaranty is absolute and continuing to the benefit of the Creditor and shall remain in full force and in effect until indebtedness becomes paid in full." All orders require credit card payment in advance unless approved by the Orion Accounting Department.

Internal Use Only

Account Number: _____ Credit Limit: _____

Terms: _____ Approved By: _____

Date: _____ Ref: _____