



12301 NW 39TH Street
Coral Springs, FL 33065

125 Enterprise Drive
Marshfield, MA 02050

1750 N. Loop RD. Ste. 150
Alameda, CA 94502

We want to thank you for your desire to do business with ABB CONCISE Optical Group LLC. We are confident that you will be pleased with the consistency and reliability of our services.

To ensure prompt processing of your credit application, please complete all sections in it's entirely and make certain to include the following:

- Signature on credit application (Print dark and clearly)
- Copy of Professional License
- Copy of Resale Certificate / Tax Exempt (If applicable)

Credit application may be faxed to 954-735-4386 or emailed to creditcollections@abbconcise.com

Processing of credit applications are typically processed within 24-48 business hours from the time they are received. Credit applications with missing information may cause delays.

Once your account number has been established, your ABB CONCISE Sales Representative will contact you with your new account information.

PLEASE NOTE:

- Billing cycle ends the **LAST FRIDAY OF EVERY MONTH**
- Due date is the **12th** of the month
- Credit card payments are accepted by signing up for auto pay

We look forward to doing business with your practice and thank you in advance for your most generous patronage and for your confidence in ABB CONCISE.

OFFICIAL USE ONLY

Date: _____	Account Number: _____
Credit Limit: _____	License Number: _____
Related Accounts: _____	
Sales Representative: _____	
Price Level: _____	Price Class: _____



PHONE # 1-(800) 852-8089
 FAX CREDIT APPLICATION TO: (954) 735-4386
 OR EMAIL TO: creditcollections@abbconcise.com

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Sales Rep: # _____
 Account Number: _____
 Credit Limit: _____
 Credit Mgr: _____
 Approved By: _____
 Date: _____

BUSINESS INFORMATION

LEGAL BUSINESS NAME: _____
 D/B/A (Doing Business As): _____
 TELEPHONE (____) _____ FAX (____) _____
 LEGAL ENTITY FEDERAL ID #: _____
 CORPORATION
 PARTNERSHIP BUSINESS START DATE: _____
 LLC
 SOLE PROPRIETOR EXPECTED MONTHLY SALES \$ _____
 BILLING ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP CODE: _____ COUNTY: _____
 CHECK HERE IF SHIPPING ADDRESS IS SAME AS BILLING
 SHIPPING ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP CODE: _____ COUNTY: _____
 ACCOUNTS PAYABLE CONTACT PERSON: _____
 ACCOUNTS PAYABLE TELEPHONE (____) _____
 ACCOUNTS PAYABLE EMAIL ADDRESS: _____
 INDICATE HOW STATEMENTS WILL BE PAID: INVOICE STATEMENT
 WOULD YOU LIKE YOUR STATEMENTS EMAILED? YES NO
 IF YES, PLEASE PROVIDE EMAIL ADDRESS (ES) _____

CHECK WHICH APPLIES

NEW ACCOUNT ADDITIONAL LOCATION
 CREDIT LIMIT INCREASE UPDATED APPLICATION
 HAVE YOU EVER DONE BUSINESS WITH ABB CONCISE?
 YES NO
 IF YES, PROVIDE ACCOUNT NUMBER(S) _____

PRACTITIONER INFORMATION

PRACTITIONER NAME: _____
 CELLULAR NUMBER: (____) _____
 EMAIL ADDRESS: _____
 LICENSE NUMBER: _____ STATE: _____
 EXPIRATION DATE: _____
 OD MD DO Other : _____

BANKING INFORMATION / TAX EXEMPT

PRINCIPAL BANK NAME: _____
 ACCOUNT NUMBER: _____
 TAX EXEMPT: YES NO
 IF YES, PROVIDE PERMIT NUMBER: _____

TRADE REFERENCES

(LIST 3 CREDIT REFERENCES IN THE INDUSTRY YOU HAVE DONE BUSINESS WITH IN THE PAST YEAR)

NAME	ACCOUNT NUMBER	PHONE/FAX
1)		
2)		
3)		

PERSONAL GUARANTEE FOR:

 (BUSINESS NAME)

VISTAKON ACCOUNT NUMBER: _____
 BUYING GROUP NAME: _____
 BUYING GROUP ACCOUNT NUMBER: _____

To induce ABB CONCISE Optical Group LLC to approve this Credit Application and in consideration of its doing, we, the undersigned, do hereby jointly, severally and personally guarantee the above purchaser's full performance of said purchase agreement and hereby agree to indemnify ABB CONCISE Optical Group LLC against any and all damage, loss, expense (including attorney's fees) and/or liability sustained by ABB CONCISE Optical Group LLC by reason of or related to, the above purchaser's failure to perform or to pay when due, charges incurred in accordance with the above agreement. ABB CONCISE Optical Group LLC may enforce this agreement against the undersigned or any of them, jointly or severally, whether or not any action is ever taken by it against the above Purchaser or extensions of additional credit to the Purchaser. I consent to ABB CONCISE Optical Group LLC attaining an individual credit report.

NAME (Print) _____ SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER (____) _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 SIGNATURE (Required) _____ DATE _____