

CREDIT APPLICATION FOR A BUSINESS ACCOUNT



Please email the completed form to info@togusainc.com.

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:		Financial Statement included: <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State:	ZIP Code:	
Date business commenced:			
EIN:			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
BANK INFORMATION			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
<input type="checkbox"/> Savings			
<input type="checkbox"/> Checking			
<input type="checkbox"/> Other			
BUSINESS/TRADE REFERENCES			
1. Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
2. Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
3. Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
AGREEMENT			
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT AND ALSO AUTHORIZE YOU TO OBTAIN ANY INFORMATION YOU MAY REQUIRE REGARDING THE STATEMENTS MADE ABOVE. I UNDERSTAND THAT ACCEPTANCE OF THIS APPLICATION DOES NOT OBLIGATE Transitions Optical, Inc TO EXTEND CREDIT TO APPLICANT. APPLICANT HEREBY REQUESTS THAT BANK AND CREDIT REFERENCES PROMPTLY COMPLETE THE ATTACHED REQUEST FOR CREDIT INFORMATION AND COOPERATE FULLY WITH TOG EU ON THIS MATTER.			
SIGNATURES			
Title:	Title:		
Date:	Date:		