

Atlantic Optical Co., Inc., d/b/a



9747 Independence Ave., Chatsworth, California, 91311 USA

PHONE: (818) 407-1890 or (800) 423-5175 FAX: (818) 407-1895 or (800) 826-9759

Website: www.ltdeyewear.com

New Account - Credit Card Agreement Application

Billing Name: _____ Date: _____

Company Name if doing business under any other company in the optical field: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Business Telephone:(____) _____ Business Fax(____) _____ Years in Business: _____

Federal ID No.: _____ Email Address: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Telephone:(____) _____ Resale No.: _____

Name on Credit Card: _____

Credit Card: American Express Discover MasterCard Visa

Credit Card No.: _____ Expiration Date: _____ Security Code: _____

Zip Code for Billing Address: _____ Telephone No.:(____) _____

Applicant's Name: _____ Applicant's Signature: _____

For Office Use:

Approved By: _____ Date: _____ Sales Rep: _____

Date Faxed: _____

Comments: _____

A

CB

L

FBK

LENS