

1421- 38th St. • Brooklyn, NY 11218 **Tel**.718-633-2300 • 800-221-3544 • **Fax**. 718-633-2304 • **8OO**-633-2319 **Email**: capri@caprioptics.com • **Website**: www.caprioptics.com

Credit Application

Electronic Writable Form

Fax 718-633-0659 or Email: capri@caprioptics.com

Company Name		DBA		
Buyer (First)	(Last)	Tel ()	
AP (First)	(Last)	Tel ()	
Owner (First)	(Last)	Tel ()	
Address				
City, State, Zip				
Telephone())		Fax()		
Email address				
Tax ID#				
Bank Information	1	Bank Telephone ()		
Credit Card Information		Exp. Date):	
Name on Card				
How many years in busines	ss Number of I	Locations		
Please check your type of	business: Retailer Lab	Distributor		
Please list at least 3 of ou	r major frame suppliers fo	r reference (Lens & Lal	o suppliers not included)	
	Account #	Phone#		
	Account #	Phone#		
	Account #	Phone#		
Ву:	Title	Date		
Sales Rep:	Territory			