

NEW ACCOUNT INFORMATION

Business Name

Store Name

Owner's name

Buying Contact Name

Street

City

State

Country

Zip Code

Phone

Email

Website

BILLING INFORMATION

Contact Name

Email

Phone

Street

City

State

Country

Zip Code

SHIPPING INFORMATION

SAME AS BILLING

Contact Name

Email

Phone

Street

City

State

Country

Zip Code

LA LOOP REPRESENTATIVE

OFFICE USE ONLY

Name

%

Zone

Date

Type of Shop OPTICIAN BOUTIQUE KEY ACCOUNT ONLINE SHOP

Year Store Opened

Other Collections

PLEASE PROVIDE SEPARATE FORMS FOR EACH LOCATION

PAYMENT METHOD

ACH/WIRE TRANSFER

CREDIT CARD PAYMENT

CHECK

Payment Terms

NET 30 (AUTHORIZATION REQ'D)

PREPAY

Accounting Contact Name

Accounting Phone

Accounting Email

CREDIT CARD PAYMENT

Name

Email

Card Type

AMEX

DISCOVER

MASTERCARD

VISA

Card Number

Expiration

/

CVV

Autocharge

NO

YES

Name

Title

Date

Authorized Signature