

K-MARS, INC.

7037 Hayvenhurst Ave., Van Nuys, CA 91406

Tel: 800-296-1551 Fax: 800-296-4660

www.kmarsoptical.com

New Account Information and Credit Review

Type of Payment Desired
please check

Applicant's Name _____

Company Check

Company Name _____

Cash or Money Order

Billing Address _____

Credit Card

City, State, ZIP _____

Telephone _____ Fax: _____

E-Mail _____

Business Type: Please check Sole Proprietor Partnership Corporation

Owner's (Partner's Name(s)) _____

Business License # _____ (Please attach copy) Soc. Sec or FEIN# _____

State Sales Tax ID# _____ Bank Name _____

Contact: _____

Number of Years in Business _____ Acct No _____

A/P Contact: _____

Ship To Address if different than the billing

No. of Locations _____ (Please list addresses. Please advise if individual account nos. or individual drop ship desired.)

Please provide 3 Trade References (One of the references must be an Optical Lab or Lens Supplier)

1) Name _____ Phone _____

Fax _____ Acct# _____

2) Name _____ Phone _____

Fax _____ Acct# _____

3) Name_____

Phone_____

Fax_____

Acct#_____

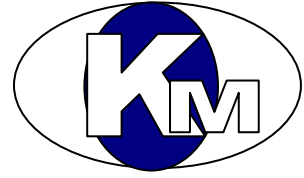
With establishment of this account I am aware that K-Mars will bill through the last day of the each month and I agree to pay the full balance appearing on the monthly statement within 30 days. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay a late payment charge of \$20 and in addition to this, interest of the highest rate allowed by the State in which the undersigned resides or maintains a place of business on every balance overdue. If this account is turned over for collection the undersigned agrees to pay reasonable attorney or collection fees. Undersigned agrees to pay a \$50 fee for every bounced check. For security purposes, we require an active credit authorization on file.

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit. I, _____, hereby authorize K-Mars, Inc. to use the information provided here to contact the sources listed above to verify all the necessary information about my business.

Owner's (Officer of the Corporation) signature_____

Date_____

***Please note that if your account is for resale, a California Resale Certificate is required. Please call and we will fax you the form. Thank You!



K-Mars, Inc.
7037 Hayvenhurst Ave.
Van Nuys, CA 91406
Tel: 800-2961551
Fax: 800-2964660
Pwt/fax-1818-849-3302

Credit Card Use Authorization Form

Please complete and return via Fax.

Date _____

Company Name _____

Card Holder's Name _____

Credit Card Billing Address _____

City _____ State _____

Zip _____

Type of Credit Card _____

(We accept VISA, MASTERCARD or DISCOVER)

Credit Card Number _____

Expiration Date _____

Security Code _____

I, _____ (Please Print Credit Card Holder Name)

Authorize K-Mars to charge the above mentioned card for purchase made by _____ (Please Print The Company Name)

I authorize K-Mars to maintain my credit card account number on file for all future purchases.

I will notify K-Mars of any changes.

_____ Signature of Credit Card Holder



K-Mars Inc.
7037 Hayvenhurst Ave.
Van Nuys, CA 91406
www.kmarsoptical.com
TEL: 800-296-1551
FAX: 800-296-4660

RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

_____ authorize you to provide information to K-Mars

Regarding my account:

Name on the Account: _____

Account Number: _____

Contact: _____

Fax: _____

A copy of this authorization may be accepted as an original.

Officer or Owner of the business

Date