



NEW CUSTOMER APPLICATION

BUSINESS CONTACT INFORMATION

Name:

Title:

Company name:

Phone:

Fax:

E-mail:

Shipping address:

City:

State:

ZIP Code:

Date business commenced:

(Check one) Sole proprietorship:

Partnership:

Corporation:

Other:

BILLING INFORMATION

Billing address:

City:

State:

ZIP Code:

Tax ID or SS#

Telephone:

Fax:

E-mail:

☐ I would like to pay by credit card. Card type _____ (Visa, Master card, discover, Amex)

Card number _____

Expiration date _____

Security number _____

- ☐ I would like to be billed daily on credit card
- ☐ I would like to be billed and enroll in autopay on the 10th of the month following the statement month. (5% discount)
- ☐ I would like to be billed on net pay 30

Name on card

Business References

Company name

Account number

Phone

Address

How did you hear about OnQ? If referred please list name:

AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. By submitting this application, you authorize OnQ Optical Labs to make inquiries into the banking and business/trade references that you have supplied.
3. Faxed or e-mailed application is deemed to be original. No oral agreements or modifications will be accepted.
4. Payment by "credit on file will" go through on the 10th of the month following the statement month.
5. OnQ Optical Labs reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by OnQ to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
6. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

SIGNATURES

Title:
Date:

Title:
Date: