



# BALESTER

## DIGITAL OPTICAL

388 North River St  
Wilkes Barre PA 18702

Phone (800) 233-8373  
Fax 570-829-5312

### Attn: Credit Department Credit Application

Business Trade Name \_\_\_\_\_ Date \_\_\_\_\_

Corporate Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ Key Contact #1 \_\_\_\_\_

Shipping Address \_\_\_\_\_ Key Contact #2 \_\_\_\_\_

Type of Entity: Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Year of

Incorporation \_\_\_ State \_\_\_\_\_

Years Under Present Ownership \_\_\_\_\_ Years at Current Address \_\_\_\_\_ Franchise \_\_\_ yes \_\_\_ no

Own or Rent Business Space? \_\_\_\_\_

Principal Owners Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Home Ph.# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Other Officers, Partners, Proprietors

Name/Title \_\_\_\_\_ Address \_\_\_\_\_

Name/Title \_\_\_\_\_ Address \_\_\_\_\_

Name/Title \_\_\_\_\_ Address \_\_\_\_\_

#### Trade References

1. Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Signature of Officer or Principal \_\_\_\_\_ Title \_\_\_\_\_



**BUSINESS AUTHORIZATION FORM**

**Sales Rep.** \_\_\_\_\_

The undersigned hereby requests BALESTER DIGITAL OPTICAL LLC (hereinafter referred to as "BALESTER"), to extend credit to and hereinafter referred to as the "Purchaser".

<b>ACCOUNT INFORMATION</b>		
Name of Legal Entity	Telephone (    )	Fax (    )
Doing Business As		Business Office Contact Person
Bill To Address (statement will be mailed here)		City / State / Zip
Ship To Address (if different than above)		City / State / Zip
Business E-Mail Address		
Business Bank Name and Address		
<b>BUSINESS ORGANIZATION</b>		
Company Organization		State of Business Formation
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Business Type		Date of Business Formation
<input type="checkbox"/> O.D. <input type="checkbox"/> M.D. <input type="checkbox"/> Optician <input type="checkbox"/> VSP <input type="checkbox"/> Other Explain:		
Federal Tax Identification Number:		
Name of Business Owner #1	Title	Social Security Number
Home Address of Business Owner #1		City / State / Zip
		Home Number:
		Cell Number:
Name of Business Owner #2	Title	Social Security Number
Home Address of Business Owner #2		City / State / Zip
		Home Number:
		Cell Number:
<b>REQUIRED SIGNATURE</b>		
<p>The undersigned individuals, (hereinafter referred to as "Guarantors") in consideration of BALESTER selling merchandise to Purchaser on credit, do hereby personally guaranty payment to BALESTER, without prior notice or demand, of all amounts heretofore or hereafter owed to BALESTER by Purchaser including renewals and extensions of credit granted and regardless of the surrender of security, if any.</p> <p>It is further understood and agreed that purchases not paid within BALESTER payment terms of Net 30 will be subject to a finance charge of 2% per month and should BALESTER deem it necessary to place Purchaser's account with an attorney for collection, Purchaser and Guarantors will pay all reasonable attorney's fees and costs incurred in addition to the amount owed.</p>		
Dated: _____		
_____ OWNER (Signature)		_____ Print Name of Owner
_____ PERSONAL GUARANTOR (Signature)		_____ Print Name of Personal Guarantor