



## PROSPECTIVE ACCOUNT CREDIT APPLICATION

Please be sure all fields are completed in order to ensure timely processing of your application.  
Email completed application to [orders@poetseyewear.com](mailto:orders@poetseyewear.com) · or fax to: 305 328 8223

Sales Rep Initials \_\_\_\_\_

### About Your Company

Company Name:			
Are you a member of a Buying Group? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Group:	
Acct No.:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Business Type: <input type="checkbox"/> Retailer/Private Office		<input type="checkbox"/> Chain/Franchise	<input type="checkbox"/> Distributor
(Circle one of the above types)		Email Address:	

Years in Business:	Dun & Bradstreet No:
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### Please list 3 Partners or Corporate Officers

1. Name, Title, Phone:
2. Name, Title, Phone:
3. Name, Title, Phone:

### Person to Contact Regarding Purchase Orders and Invoice Payments

Name and Title:
Address:
Phone:

### Please provide 2 Bank References

Bank Name & Address	Contact Name & Phone:
Account Number:	
Bank Name & Address	Contact Name & Phone:
Account Number:	

### Please provide 2 Trade References (Provide Company Name, Address, Contact, & Phone Number)

Name & Address	Contact Name & Phone:
Account Number:	
Name & Address	Contact Name & Phone:
Account Number:	

The above information is submitted for the purpose of opening an account. I hereby certify that the information is true. Poets Eyewear is authorized to obtain credit information relating to our business and bank accounts. I understand that should attorney or collection efforts be necessary, all reasonable attorney and collection fees will be paid by the customer.

### Signature of Owner or Officer of the Company

Name:	
SSN:	Title:
Date:	

COCO\*SONG

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GENESIS

LA MATTA

ROBERT RUDGER

POETS EYEWEAR LLC 50 NE 62nd STREET MIAMI, FL 33138  
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[www.poetseyewear.com](http://www.poetseyewear.com)



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