



CUSTOMER INFORMATION FORM

I. Customer Information

Legal Name/ Parent Company/DBA: _____

Corporate Officers: 1. _____ Title _____

2. _____ Title _____

Company Representative: _____ Contact Number: _____

Accounts Payable Contact: _____ Contact Number: _____

Federal Tax ID Number: _____ Date Business was Started: _____

Business Type: _____ Company Website: _____

Address: _____ Billing Address (if different) _____

Preferred Shipping Company: _____ Shipping Account #: _____

II. International Customers Only

Would your business be considered a private, public, government, or military entity? _____

End-Use is ___ Civilian Use ___ Military Use Specific End-Use is: _____

When you purchase a system, what is the address where the system will reside? _____

How will the product be used? _____

III. Credit Application

Bank Information:

Bank Name: _____

Address: _____ Account # _____

Phone: _____

City, State, Zip: _____ Fax: _____

Desired Payment Terms: ___30 ___60 Desired Credit Limit: _____

Supplier References- Two current trade references who have extended your company open credit in the past 12 months.

Company 1: _____ Account # _____

Address: _____ Email: _____

Phone: _____

City, State, Zip: _____ Fax: _____

Company 2: _____ Account # _____

Address: _____ Email: _____

Phone: _____

City, State, Zip: _____ Fax: _____

I hereby authorize trade references to release my information and we are willing to submit 2 years of financial information if requested, signature & date below.

Signature: _____ Date _____



Acknowledgement of Responsibilities and Terms

Customer Responsibilities include complying with all export, re-export and import laws, rules, policies, procedures, restrictions and regulations of the U.S. Department of Commerce. Dealer/Reseller will not knowingly or willingly violate these compliance's and will be held liable to comply with any investigations of proceedings by a governmental agency or entity. Export by means of loan, lease and/or sale to companies, organizations, or persons listed on the Specially Designated Nationals List, the Denied Persons List, Debarred List, Entity List, Embargoed List, Sanctioned list, and/or other governmental lists are prohibited.

Signature: _____ Date _____

By signing below I hereby acknowledge and accept the following terms: Allow 3-5 business days to process a credit application. Tax exempt organizations must provide copy of your tax exemption certificate. Email the completed credit application and additional forms to sales@eyetechds.com Most shipments are processed within 1-2 days of receipt of payment; international deliveries and orders requesting credit terms require a few extra days for processing.

Signature: _____ Date _____

By Signing below I hereby authorize EyeTech Digital Systems To make bank and trade inquiries to determine credit limit. EyeTech Digital Systems reserves the right to revoke credit terms. Customers will be responsible for monies owed, collection theroff and legal fees associated for any invoice not paid in full by agreed credit terms.

Signature: _____ Date _____