

**THE WALMAN OPTICAL COMPANY
& its Affiliated Companies**

FOR OFFICIAL USE

Sent By: _____

Branch: _____

Acct Mgr: _____

Account # _____

APPLICATION FOR CREDIT

We appreciate the opportunity to serve you. Please complete and return this application ("Agreement") to the address provided by The Walman Optical Company ("Walman").

(BUSINESS NAME) ("Business")

(ADDRESS)

(CITY; STATE; ZIP; COUNTRY)

(BUSINESS PHONE)

(BUSINESS FACSIMILE)

NUMBER OF YEARS IN BUSINESS: _____

TAX IDENTIFICATION # _____ PRINCIPAL OR OWNER SOCIAL SECURITY # _____

TYPE OF PRACTICE: M.D. _____ O.D. _____ OPTICIAN _____ OTHER _____ (DESCRIBE) _____

TYPE OF BUSINESS: CORPORATION _____ LIMITED LIABILITY COMPANY _____ PARTNERSHIP _____ PROPRIETORSHIP _____

SALES TAX TO BE CHARGED? YES _____ NO _____ STATE SALES TAX # _____
IF "NO" PLEASE COMPLETE AND SIGN A SALES TAX EXEMPTION CERTIFICATE AND RETURN WITH THIS APPLICATION

ARE YOU SUBJECT TO A CITY OR COUNTY TAX? YES _____ NO _____ IF "YES", WHICH CITY OR COUNTY? _____

REFERENCES

BANK: _____
(NAME OF BANK & CONTACT) (STREET ADDRESS)

(CITY, STATE, ZIP) (ACCOUNT NUMBER) (PHONE NUMBER) (FACSIMILE NUMBER)

TRADE: 1) _____
(NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE)

2) _____
(NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE)

BUYING GROUP NAME, IF ANY: _____ ACCT # W/GROUP: _____

BILL PURCHASES THROUGH BUYING GROUP (If Buying Group is Walman Affiliated): YES / / NO (CIRCLE ONE)

EXPECTED MONTHLY CREDIT REQUIREMENTS \$ _____

I, the undersigned, represent and certify that I have the authority to request credit on behalf of the Business, that the information given in this Agreement is complete and accurate, and to commit the Business to the terms and obligations set forth herein. I authorize Walman to check with reporting agencies, credit references, and other sources disclosed herein in investigating the information given, in reviewing or taking collection action or for any other purpose. I represent and certify that any goods purchased are being purchased for a business or commercial purpose and not personal use. I understand and agree that purchases on credit ("Accounts") not paid within Walman payment terms are subject to a finance charge of 1½% per month, which is equivalent to 18% per annum. I grant a purchase money security interest in all goods purchased and the proceeds thereof, including insurance proceeds. I agree to execute and authorize Walman to file (or to sign on my behalf and file) any financing statement(s), amendment(s), modification(s), or other document(s) needed to perfect the security interest that I have given or that Walman deems necessary or appropriate before the Account is paid in full. The collateral pledged hereunder secures any and all obligations, debts and liabilities, plus interest and other charges accruing thereon and all costs associated therewith, whether such obligations, debts and liabilities are now existing or arise in the future, and whether or not such obligations, debts and liabilities are related to the purpose of this Agreement and the Account and whether the same is voluntary or involuntary, due or not yet due, direct or indirect. I understand that Walman must approve this Agreement and that all charges and payments on my Account will be processed by Walman in Minneapolis, Minnesota. Therefore, the substantive law of the State of Minnesota shall govern this Agreement and my Account. I consent to the jurisdiction and venue of the federal and state courts of Minnesota in Hennepin County as having the exclusive and proper subject matter and personal jurisdiction over this Agreement. I agree to pay all collection fees, reasonable attorneys' fees, court costs, and other expenses incurred by Walman to enforce this Agreement.

DATE: _____

NAME OF BUSINESS: _____ (Required)

SIGNATURE: _____ (Required)

PRINT NAME: _____ (Required)

TITLE: _____ (Required)

PERSONAL GUARANTY

I, the undersigned, unconditionally and absolutely guarantee to Walman the due and prompt payment and performance, and not just collectibility, of the principal, interest, and all other indebtedness incurred by the Business. Therefore, the substantive law of the State of Minnesota shall govern this Agreement and my Account. I consent to the jurisdiction and venue of the federal and state courts of Minnesota in Hennepin County as having the exclusive and proper subject matter and personal jurisdiction over this Agreement. This guaranty is to take effect without notice of its acceptance, which notice is hereby waived, and is to be a continuing guaranty in full force and effect until the effective date of a written notice of revocation delivered to Walman by certified mail. I understand and agree that the effective date of any such revocation shall be 90 days after Walman's receipt of such notice, and that such revocation shall not discharge my obligations, as guarantor, with respect to any and all obligations, debts and liabilities, plus interest and other charges accruing thereon and all costs associated therewith incurred by the Business prior to said effective date of revocation. I agree to pay all collection fees, reasonable attorneys' fees, court costs, and other expenses incurred by Walman to enforce this Agreement.

DATE: _____

SIGNATURE OF GUARANTOR: _____ ("Guarantor") (Required)

PRINT NAME OF GUARANTOR: _____ ("Guarantor") (Required)

For Walman Use Only

Approved By: _____

Date / Time Approved _____

Credit Limit \$ _____