



Optical Lab Services  
Phone: (817) 529-7820  
Fax: (817) 288-0655  
[mlight@lighthousefw.org](mailto:mlight@lighthousefw.org)

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED		
COMPANY NAME		
ADDRESS		PHONE
CITY	STATE	ZIP CODE
LENGTH OF TIME IN BUSINESS: _____ YEARS		
TYPE OF BUSINESS : __SOLE PROPRIETORSHIP   __PARTNERSHIP   __LLC   __CORPORATION   __OTHER		

BANK INFORMATION		
BANK NAME		CONTACT NAME
ADDRESS		PHONE
CITY	STATE	ZIP CODE

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with.

1   COMPANY	CONTACT NAME	
EMAIL	PHONE NO.	
ADDRESS	FAX NO.	
CITY	STATE	ZIP CODE
COMMENTS		

2   COMPANY	CONTACT NAME	
EMAIL	PHONE NO.	
ADDRESS	FAX NO.	
CITY	STATE	ZIP CODE
COMMENTS		

CREDIT AGREEMENT
1. All invoices must be paid within 30 days of the date issued 2. Any claims regarding an invoice issued must be made within 7 days of the date issued 3. You authorize inquiry into the banking and business references provided within this application



COMPANY REPRESENTATIVE	
SIGNATURE	TITLE
PRINTED NAME	DATE

NOTES & COMMENTS