

Application For Credit

If applicant has their own sheet, please attach, note "see attachment" below, and fill in missing information required.

Section One: Company Info.

Company Legal Name and d/b/a (if applicable)	
Company Address (principal place of business)	
Company Website	
AP Contact Name	
AP Contact Phone	
AP Contact Email	
Names and Titles of Officers or Owners	
Legal Name and Address of Headquarters or Parent company (principal place of business) (if applicable)	

Credit Line Requested	<input type="checkbox"/> Yes Amount \$	<input type="checkbox"/> No Pay by Credit Card or Prepayment
Existing Customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LAST 2 YEARS OF INDEPENDENTLY AUDITED FINANCIAL STATEMENTS ARE REQUIRED FOR ALL CREDIT LINE REQUESTS OF \$150,000 OR MORE (Olympus at its own discretion, may also consider such information necessary for credit line requests lower than \$150,000)
 Should credit line of \$150,000 or above be granted, independently audited financials statements will be required on an annual basis upon request of OAI to maintain such credit line. *Please attach documents or reference link to website location below*

Federal ID#		DUNS#		Years In Business	
--------------------	--	--------------	--	--------------------------	--

Description of Business	
--------------------------------	--

Type of Company <i>Check any that apply</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Privately Held <input type="checkbox"/> Publically Traded
---	---	--

Section Two: Address Info.

Invoice Billing Address			
Preferred Method of Invoice Submission	<input type="checkbox"/> Mail to above address <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Online Billing through your website required	Fax #: Email address(es): Online Billing Website:	
Primary Ship To Address			
Additional Ship To Addresses (if applicable)			
Exempt from Sales and Use Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	States Exempt In: (if applicable)	

Please attach copies of all applicable Sales and Use Tax Exemptions.

Applicant agrees to pay all applicable sales tax as per each state's regulations unless a valid resale or exemption certificate is received. Certificate must be in compliance and acceptable to each state's taxing authority.

Section Three: Reference Info.

Bank Reference

Bank Name: Bank Contact Name: Phone#: Account#:	
--	--

Trade References

**Please provide (3) current references that we may contact to obtain payment history.
 Do not include property management or utilities**

1. Company Legal Name: Phone#: Fax#: Email Address:	
2. Company Legal Name: Phone#: Fax#: Email Address:	
3. Company Legal Name: Phone#: Fax#: Email Address:	

Signature of Authorized Representative

Title and Company Legal Name

Print Name

Date

Applicant certifies that the information above and all information accompanying this application is true and accurate. Applicant authorizes Olympus and any of the Olympus subsidiaries to solicit and obtain credit information from the references above and from any other source at any time. All information reasonably considered confidential, at the discretion of Olympus, will be treated as such. Should credit be granted by Olympus, all decisions with respect to the extension or continuation of credit shall be at the sole discretion of Olympus. Olympus may terminate any credit granted within its sole discretion. Our standard terms are Net Thirty (30) Days. Any terms beyond the standard must be approved prior to shipment. Any questions or concerns, please contact the Credit Department, phone: (781) 419-3900. Thank you for your cooperation.