



Application for Credit

701 S. Oak Street, Creston, Iowa 50801 ~ www.poglabs.com

Phone: 1-800-497-9239 Fax: 1-800-507-4285

Precision Optical Group, Inc
 K Optical Laboratory
 CRX Lab
 (Please check all that apply)

COMPANY INFORMATION - Have you had an account with P.O.G. Labs before? No Yes (If yes, provide previous acct. # _____ & Lab _____)

Company Name		D.B.A		Years In Business	
Name(s) of Principal Owner(s)					
Shipping Address	City	State	Zip	Phone #	
Billing Address	City	State	Zip	Phone #	A/P Contact & Phone #
I would like my monthly statement emailed to: _____					
Ownership:	Sole Proprietor <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>		
	SSI# _____	Federal ID# _____	SSI# _____		
Are you TAX EXEMPT? No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please provide an exemption certificate)					

BANK REFERENCE

Bank Name	City	State	Zip	Phone #
Contact	Checking Account #	Loan #		

CREDIT LIMIT REQUESTED \$ _____

TRADE REFERENCES (Please provide comparable trade references whom you do business with)

1) _____	2) _____	3) _____
Acct. # _____	Acct. # _____	Acct. # _____
Ph. # _____	Ph. # _____	Ph. # _____
Fax # _____	Fax # _____	Fax # _____

AUTHORIZATION TO OBTAIN CREDIT INFORMATION The undersigned authorizes P.O.G. Labs and / or its related entities to obtain credit information from the above listed references, the bank, and from any credit reporting agency.

Signature: _____
(Please specify: Owner, Partner, or Corporate Office) _____ Date _____

PERSONAL GUARANTEE The undersigned does hereby absolutely, unconditionally and personally guarantee to P.O.G. Labs, the payments of all indebtedness and obligations of whatever nature to P.O.G. Labs as they come to be due, whether such indebtedness and obligations exist on the date of this instrument or are incurred after such date. The obligations hereunder shall be binding on the heirs, administrators, successors and assigns of the undersigned. If the account becomes delinquent and is placed for collection the undersigned agrees to pay any and all collection fees and if court action becomes needed, further agrees to pay attorney fees, court costs and related travel expenses. Venue for any litigation shall occur in Creston, Iowa, Union county - Home Office of Precision Optical Group and POG Labs.

Guarantor (Print Name)	SSN#	Guarantor Signature		
Home Address	City	State	Zip	Home Phone #

FOR OFFICE USE ONLY	A	D	RL _____	ACL _____	WEB
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