



Please fax this form to:
770-271-0225

Clearlab US, Inc.
4200 Jenkins Court
Suwanee, GA 30024

Account Application Form

Legal Business Name	Shipping Address (List All) Billing Address <input type="checkbox"/> Check if same as shipping address
Doing Business As	
Federal Tax ID	
Telephone	
Fax	
Contact e-mail	
Form of Business (Please Circle) Corporation LLC Partnership Sole Proprietor	

Owner/Officer Information	
Full Name and Title of Principal Owner	Primary Practitioner Name
Social Security Number	License Number
	Licensed State(s)
Credit Card Information *Optional – Complete if you wish to pay by credit card	Trade References (Name, Contact Number) *Mandatory – Please provide the contact information of two eye care industry suppliers or distributors with whom your practice maintains an active customer account.
Visa / AMEX / Master Name on Card Card Number Exp Date	1. _____ Company Name / Contact Number 2. _____ Company Name / Contact Number

NOTE: You may omit your social security number if you do not wish to open a line of credit with Clearlab, in which case credit card information is mandatory. The granting of credit limits and credit extensions are at the sole discretion of Clearlab. Information provided in this application will be used to assess credit worthiness of the practice and/or the owners of the practice.

INDIVIDUAL PERSONAL GUARANTY

I, _____, in consideration of the extension of credit to my practice(s) (the Customer), by Clearlab US, Inc. hereby agree and covenant to pay promptly any obligation of the Customer to Clearlab US, Inc. I understand that late payments will incur interest charges of 2% / 24%APR. I agree to bind myself to pay any sum which is due by the Customer to Clearlab US, Inc. whenever the Customer fails to pay same. I understand that Clearlab is I understand this guaranty is direct, immediate, absolute, continuing, and irrevocable for such indebtedness of the Customer.

I agree to pay any and all costs of fees of collection incurred by Clearlab US, Inc., including, without limitation, reasonable attorney’s fees and court costs, in the case that the guarantee is placed in the hands of an attorney for collection, or if suite is brought hereon. I understand that this document is governed by and constructed in accordance with the laws of Georgia. I submit to the exclusive jurisdiction of Georgia Courts and waive any objection of venue.

Signature

Date

TERMS AND CONDITIONS OF SALE

Clearlab US, Inc. products are sold either directly by the Company or through Authorized Dealers to qualified professional and retail accounts solely for resale at retail to end-users. Qualified professional and retail accounts will sell Clearlab US, Inc. products to end-users only based on a valid prescription, in compliance with applicable federal and state laws and regulations regarding the sale or furnishing of contact lenses. All qualified professional and retail accounts understand that diagnostic lenses are intended for trial fitting of appropriate candidates, or for the occasional replacement of lost or torn lenses, and cannot be used for any other purpose whatsoever, including, without limitation, substitution for revenue lenses, or as part of a promotion. Qualified professional and retail accounts must keep their account balances with Clearlab US, Inc. in good standing, and must not use any intellectual property belonging to Clearlab US, Inc., including, but not limited to, Trademarks, Brands, Artwork, and any and all proprietary information, without the explicit permission of Clearlab US, Inc. Qualified professional and retail accounts must abide by any rules, licenses, or restrictions on which Clearlab US, Inc. conditions the purchase or receipt of any product. All purchases by qualified professional and retail accounts must be through Clearlab US, Inc. or through an authorized U.S. Dealer. No false or misleading statements about Clearlab US, Inc., its business practices, or any of its products, shall be made. Clearlab US, Inc. reserves the right to commission audits of qualified professionals and retailers to assess compliance with legal obligations, diagnostic lens policy, and any territorial restrictions. Clearlab US, Inc. reserves the right to terminate any qualified professional or retail account that violates its policies. Termination does not release or forgive the Account from its financial obligations to Clearlab US, Inc.

I hereby consent to allow Clearlab US, Inc. to contact the references listed in this application, in addition to credit bureaus or other similar organizations, in effort to determine the credit worthiness of my business. I agree that Clearlab US, Inc. shall not be liable for any claim of damages as a result of the inaccuracy or incompleteness of any credit information furnished by such outside references to Clearlab US, Inc.

I understand and agree to abide by Clearlab US, Inc.’s Terms and Conditions of Sale and I confirm that the information contained in this application is, to the best of my knowledge, complete and true and accurate. I confirm that my business is compliant with all federal and state licensing/registration laws or statutory regulations in each state where my business intends to sell Clearlab Us, Inc. products. I understand this agreement and confirmation is a condition of becoming a qualified professional/retailer for Clearlab US, Inc. products, and I avow that I am authorized to bind the company/retail establishment on behalf of which I am signing for.

Name / Title

Clearlab US Use Only			
Wb.	T. Rf.	Ggl.	S.Vw.

Signature