

# G.K. Optical Company

## New Account Set Up Form

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*Please complete the following information. Please write legibly.*

1. Fill in exactly how you want the name and address to appear:

Name: \_\_\_\_\_ **O.D.** <sup>Circle One</sup> **M.D.** **Optician**  
(To avoid potential confusion, this name should reflect how your office will identify itself when calling us.)

Name 2: \_\_\_\_\_  
(If you have a secondary company name or Doctor name, it belongs on this line)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Phone Contact for Questions: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(If other than Dr. name above)

4. Day(s) office is closed: \_\_\_\_\_

5. Preferred shipping method  1st class  UPS  Other: \_\_\_\_\_

6.  Send complete G.K. Optical new account packet, 10 Rx forms, and prepaid mailing labels  
 Send extra information on: \_\_\_\_\_

7. How did you hear about us (if applicable): \_\_\_\_\_

8. Additional Comments / Special Instructions: \_\_\_\_\_

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Please send completed form to us at:  
G.K. Optical  
2902 Mitthoefer Place  
Indianapolis, IN 46229  
or fax it back to: 317-881-6950

**INTERNAL USE ONLY**

Date: \_\_\_\_\_ Sales Rep: \_\_\_\_\_ G.K. Account Number: \_\_\_\_\_

- G.K. account set up in DVI
- Set up in mailroom on preferred shipping (copy to Brian B.)
- G.K. New Account packet with introductory letter sent
- Credit application sent
- Sales Rep. notified (copy of this form sent to rep)

**APPLICATION FOR CREDIT TERMS with  
G.K. OPTICAL COMPANY, INC.**

Please complete all areas to avoid delay of your credit review and your order.

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

NON-PROFIT

Legal Company Name: \_\_\_\_\_ Date Business began: \_\_\_\_\_

Doing business as: \_\_\_\_\_ DUNS # (if applicable): \_\_\_\_\_

Location of business (no P.O.s please): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Billing address: \_\_\_\_\_ Attn: \_\_\_\_\_

(if different) Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check if this is the sole location of business.  
If not, please list other locations of this business,  
or affiliated companies:

Owner(s) of business, home address & phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Bank contact: \_\_\_\_\_ Bank contact phone: \_\_\_\_\_

**Credit References:**

Please list three optical related credit references.

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ High Credit: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ High Credit: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ High Credit: \$ \_\_\_\_\_

In consideration of granting and extending credit by G.K. Optical to the undersigned, the undersigned does hereby agree to promptly pay all sums when due. In the event of non payment, the undersigned does hereby understand and agree to pay the sum of 2.0% late payment fee per month on the total statement amount, beginning with the 1st day following statement date and thereafter until the account is paid in full.

Also, the undersigned does hereby understand and agree to pay all collection costs, attorney fees and court costs up to 50% of the outstanding balance if collection procedures are warranted. Further, the undersigned submits to the jurisdiction of the courts of the State of Indiana for the adjudication of any dispute concerning this agreement and for the collection of all amounts owed by the undersigned, and agrees that the venue of any such action shall be in Indianapolis, Marion County, Indiana. The parties mutually waive the rights either may have to demand a trial by jury of any dispute arising between them.

The undersigned has read, understands and personally guarantees agreement to the terms stated above. I certify that the information provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_