



**SURVIVAL OPTICS SUNGLASSES**  
 5289 EAST BAY BLVD.  
 GULF BREEZE, FLORIDA 32563

**TELEPHONE: 850.932.2242**

**SOS EYEWEAR CREDIT APPLICATION**

**BUSINESS & BILLING INFORMATION**

Business Trade Name: \_\_\_\_\_

Corporate or Ownership Name: \_\_\_\_\_

Business or Corporate Address: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_ Billing Fax #: \_\_\_\_\_

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

Shipping Contact Name: \_\_\_\_\_ Shipping Phone #: \_\_\_\_\_ Shipping Fax #: \_\_\_\_\_

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

Federal Tax ID or SSAN #: \_\_\_\_\_ Florida Tax ID # (if applicable): \_\_\_\_\_

**TRADE & BUSINESS REFERENCES**

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**CREDIT CARD INFORMATION**

Cardholders Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Credit Card Exp Date: \_\_\_\_\_ Account #: \_\_\_\_\_

The information in this application is true and complete. The undersigned guarantees payment for all purchases in accordance with all terms as stated on the SOS Eyewear order form. In the event the account is past due the undersigned agrees to pay and authorizes SOS Eyewear to bill the past due account a service charge of 1 1/2% per month on the amount owed. The undersigned also agrees to pay additional collection agency costs, charges, and expenses including reasonable attorney's fees if the account becomes delinquent. The undersigned has the authority and has been duly authorized to execute this agreement on behalf of the purchaser. A facsimile copy of this signed credit application is valid as the original, and the authorization is granted for it to be transmitted to financial institutions for purposes of obtaining credit. The undersigned also agrees to grant permission to Survival Optics Sunglasses / Wear Products Inc to charge the above listed credit card for all outstanding balances over sixty days past due.

**SIGNATURE**

**NAME & TITLE**

**DATE**