

**Custom Craft Lens Service of Nevada, Inc  
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:

Company name:

Phone:

Fax:

E-mail:

Company address:

City:

State:

ZIP Code:

**BILLING AND CREDIT INFORMATION**

Complete only if different than above

Billing address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

**CREDIT CARD INFORMATION**

Name on credit card:

Card Billing address:

City:

State:

ZIP Code:

Type of card: VISA    Master Card    Discover    American Express

Credit Card Number:

CSV:

Card Expiration:

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. If payment is not received by 21<sup>st</sup> of the month the credit card on file will be processed for full invoice amount.
3. Email address required for monthly bill. All statements are sent electronically.  
Please fax completed form to 702-362-6807 or email to [orders@CustomCraftLens.com](mailto:orders@CustomCraftLens.com)

**SIGNATURES**

Title:  
Date:

Title:  
Date: