



# CREDIT APPLICATION

**Invoice preference:**

- Email
- Mail
- Fax

**Purchase order # on invoice:**

- Yes
- No

**Address on invoice:**

- Yes
- No

Thank you for choosing to work with CV OPTICS USA Inc. To open an account, please complete this credit application and sign in the proper place(s). Return the completed application via email to [office@cvopticsusa.com](mailto:office@cvopticsusa.com) or fax to (302)-525-6884.

**Business / company information:**

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Full legal business name: \_\_\_\_\_ Doing business as (DBA): \_\_\_\_\_

Physical street address: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person – Accounts payable: \_\_\_\_\_ Accounts payable email: \_\_\_\_\_

Type of business: \_\_\_\_\_

Legal form under which business operates:

Proprietorship  Partnership  Franchisee  LLC  Corporation  Other: \_\_\_\_\_

Year established: \_\_\_\_\_ If incorporated, in what state: \_\_\_\_\_

Federal tax ID: \_\_\_\_\_ Requested line of credit: \_\_\_\_\_

If division/subsidiary, name of parent company: \_\_\_\_\_

Did you or your corporation ever seek protection under the U.S. Bankruptcy Laws?:  Yes  No When?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are there any judgements or pending legal actions against the applicant(s)?:  Yes  No

If yes, please explain: \_\_\_\_\_

**Proprietor / corporate officer information:**

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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Social security number: \_\_\_\_\_ Social security number: \_\_\_\_\_

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

City, state, zip code: \_\_\_\_\_ City, state, zip code: \_\_\_\_\_

## Bank references:

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Bank name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Account number: \_\_\_\_\_ Type of account:  Savings  Checking  Other

## Agreement:

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1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CV OPTICS USA INC. to make inquiries into the banking and business/trade references that you have supplied.

I/we hereby certify that the above information is true and correct and is provided for the purpose of obtaining continued credit. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay interest and if the account is turned over for collection, will pay a reasonable attorney or collection fee. Consent to Jurisdiction and Forum Selection. The parties hereto agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the State and Federal courts located in the County of New Castle, State of Delaware. The aforementioned choice of venue is intended by the parties to be mandatory and not permissive in nature, thereby precluding the possibility of litigation between the parties with respect to or arising out of this Agreement in any jurisdiction other than that specified in this paragraph. Each party here by waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this paragraph, and stipulates that the State and Federal courts located in the County of New Castle, State of Delaware shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, controversy, or proceeding arising out of or related to this Agreement. Each party hereby authorizes and accepts service of process sufficient for personal jurisdiction in any action against it as contemplated by this paragraph by registered or certified mail, return receipt requested, postage prepaid, to its address for the giving of notices as set forth in this Agreement. Any final judgment rendered against a party in any action or proceeding shall be conclusive as to the subject of such final judgment and may be enforced in other jurisdictions in any manner provided by law.

By signing this Credit Application, you authorize Conestoga Equipment Finance Corporation, and it's assigns, to contact all bank and trade references, run credit and business reports and you authorize all references to release credit card information with respect to this Credit Application and from time to time in connection with the following up on any matters relating to this proposed Lease transaction. If your application for credit is denied, you have a right to a written statement of the specific reasons for denial. To obtain a statement, please contact the Conestoga Equipment Finance Credit department at 1033 S. Hanover Street, Pottstown, PA 19465 or call 877-880-9020 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the application has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: FDIC, 980 Harvest Drive, Suite 300, Blue Bell, Pennsylvania, 19422.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

\_\_\_\_\_  
Name (please print) Date

\_\_\_\_\_  
Name (please print) Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature