



THE POLARIZED LENS COMPANY

KBco Credit Application and Purchase Agreement

Date \_\_\_\_\_

Where did you hear about KBco? \_\_\_\_\_

Contact person \_\_\_\_\_

Business Name \_\_\_\_\_ dba \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

Shipping Preference: FEDEX? \_\_\_ DHL? \_\_\_ UPS? \_\_\_\_\_. Are you a: Wholesale Lab? \_\_\_\_\_ Retailer? \_\_\_\_\_

Are you a Franchise of any Retail Chain? \_\_\_\_\_ if so which one \_\_\_\_\_

Number of locations? \_\_\_\_\_ Other? (Please explain) \_\_\_\_\_

Ship to Name \_\_\_\_\_ Ship to contact person \_\_\_\_\_

Ship to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax number \_\_\_\_\_ E-mail \_\_\_\_\_

Do you cut & edge on-site? \_\_\_ Does your In-House Lab surface lenses? \_\_\_ Date business started \_\_\_\_\_

Gross Annual Sales \_\_\_\_\_ Tax I.D. number \_\_\_\_\_ State Resale # \_\_\_\_\_

Sales Exempt # \_\_\_\_\_

Is this business a Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ ?

Or Subsidiary of \_\_\_\_\_

The Owners/Officers are:

1. \_\_\_\_\_

2. \_\_\_\_\_

Present Suppliers-Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Account number \_\_\_\_\_ Officer to contact \_\_\_\_\_

The Following parties agree that all purchases made are subject to the following terms and conditions:

- The parties hereby acknowledge that the goods and/or services purchased from KBco, *The Polarized Lens Company*, remain the property of KBco, *The Polarized Lens Company*, until payment is received. Your account is due in full and payable within 30 days of statement date. Our terms are 1/10 net 30 days. Visa/MasterCard accepted (No discount will be given if paying by credit card). We will discount a statement 1% if paid/postmarked within 10 days of statement date. Finance charges will assessed on past due invoices.
- KBco, *The Polarized Lens Company* has a NO CASH REFUND POLICY. Credit balances may be applied to future purchases.
- All returns are subject to a restocking fee of 20%.
- No returns accepted without prior authorization.
- The undersigned purchaser agrees to pay in the event this account becomes delinquent and is turned over to an attorney for collection, reasonable attorney's fee plus all court and attendant collection costs.
- Kbco reserves the right to increase prices without notice.

Name \_\_\_\_\_ Title \_\_\_\_\_ Signed \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

7. The undersigned personally guarantees payment on account (owner).

Name \_\_\_\_\_ Date \_\_\_\_\_



THE POLARIZED LENS COMPANY

UNIFORM SALES & USE TAX CERTIFICATE--- MULTI-JURISDICTIONAL

This exemption certificate is issued by the purchaser to buy goods from KBco, The Polarized Lens Company, free of sales tax imposed by the various states and/or other jurisdictions where the purchaser is registered with the denoted state to collect sales tax.

I certify that \_\_\_\_\_ Name of Purchaser (Company)

Located at \_\_\_\_\_ Street Address, City, State, Zip Code

holds the sales license(s) disclosed below. The entity is engaged in business as a registered (check all that apply):

(1) \_\_\_Manufacturer \_\_\_Wholesaler \_\_\_Retailer

and is registered to collect sales taxes with the following states within which KBco will deliver goods and that our purchases are for wholesale, resale, ingredients or components of a new product or service to be resold in the normal course of business.

Purchaser certifies that they are in the business as a one of the following (check all that apply):

Description of Business:

(2) \_\_\_Optical Laboratory \_\_\_Ophthalmologist \_\_\_Optometrist \_\_\_Optician Other: \_\_\_\_\_ (Please Describe)

(3) Description of tangible property or service to be purchased: \_\_\_\_\_ Semi Finished Lenses \_\_\_\_\_ Finished Planos

(4) State Registration, Seller's Permit, or ID Number of Purchaser: PLEASE WRITE STATE NUMBER ONLY

\*This is not your Federal EIN Number.

\*If your state is not listed, please refer to Page 2 for instructions. If you are exempt, but do not have a number, please fill out a blanket certificate for your state, sign this form and return both to KBco.

Table with 5 columns and 18 rows listing states: Alabama, Arizona, Arkansas, California (\*\*), Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin.

I further certify that if any property or service so purchased tax free is used or consumed by the purchaser as to make it subject to a sales/use tax, purchaser will pay the tax directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which purchaser may hereafter give seller, unless otherwise specified, and shall be valid until canceled by purchaser in writing or revoked by the city or state.

Under penalties of perjury, I affirm that the information on this form is true and correct as to every material matter.

(5) Authorized Signature: \_\_\_\_\_ (Owner, Partner, or Corporate Officer)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

(\*\*) Please note that sales of prescription eyewear to opticians, optometrists, and ophthalmologists are taxable in California unless the purchaser is an optical lab that will incorporate the item(s) into a final product for sale.

Completion Instructions for the: UNIFORM SALES & USE TAX CERTIFICATE---MULTIJURISDICTIONAL

(Instructions 1 thru 5 correspond to the line number on the enclosed certificate).

- (1) Select one of the indicated business types and indicate on form with an "X".
- (2) Select all that are appropriate for description of business.
- (3) Indicate the property/services being purchased.
- (4) Complete with State Registration Number, Seller's Tax Permit Number, or other State issued ID number on the appropriate state Line. This number will usually be the number on your Sales Tax Permit.
- (5) Please sign in your capacity as owner, partner, or corporate officer with title and date.

(\*\*) Please note that sales of prescription eyewear to optometrists, ophthalmologists, opticians, are taxable in California unless the purchaser is an optical lab that will incorporate the item(s) into a final product for sale.

**NOTE:**

If you are located in Florida, please provide a signed copy of Florida Form DR-13 Annual Resale Certificate.

If you are located in Indiana, Louisiana, Massachusetts, Mississippi, New York, Virginia, or Wyoming, please provide the appropriate resale/exemption certificate for your state.

Form is not required if you are located in Alaska, Delaware, Montana, New Hampshire, or Oregon as these states do not impose a sales tax. Please complete the form and indicate "Not Applicable" next to the appropriate state if this applies to your business.