



ORION

V I S I O N G R O U P

-Formerly Marietta Vision-

Name of Business: _____

Doctor's name: _____

Contact: _____ Tax ID _____

Billing Address: _____

Shipping Address: _____

Phone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____

Email: (REQUIRED) _____ @ _____

I am already a Vision Source Member

Please fax back to : 678-324-4329

'The undersigned Guarantors jointly, severally and individually, guarantee payment of all present and future indebtedness incurred by the applicant company. I/We agree to pay all such amounts owed, plus interest at the highest legal rate, collection cost, reasonable attorney's fees, and court costs. This guaranty is absolute and continuing to the benefit of the Creditor and shall remain in full force and effect until the indebtedness becomes paid in full.'

X _____
Party Responsible SIGNATURE

x _____
Party responsible PRINT NAME

Office Use Only

Account# _____ Terms: _____

Received by : _____ Date: _____ Ref: _____

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