



NEW ACCOUNT INFORMATION SHEET

IN ORDER TO PROCESS YOUR ORDER KINDLY FAX OR EMAIL THIS FORM TO B ROBINSON CUSTOMER SERVICE AT 212 683 0437 OR TSANCETTA@BROBINSON.COM.

ONLY AFTER THIS INFORMATION IS RECEIVED WILL YOUR ORDER BE PROCESSED.

LEGAL NAME OF FIRM: _____ D/B/A: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE): _____

TELEPHONE: _____ FAX: _____

WEBSITE: _____ EMAIL: _____

LIST OF ALL OWNERS, PARTNERS OR CORPORATE OFFICERS:

NAME	TITLE	SOC. SEC. #	BIRTHDAY
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BUYER: _____

STORE MANAGER: _____

ACCOUNTS PAYABLE: _____

ADDITIONAL STAFF: _____

BUSINESS INFORMATION

TYPE OF BUSINESS: OPTICIAN OPTOMETRIST OPHTHALMOLOGIST SPECIALTY

TYPE OF PRODUCT SOLD: _____ NUMBER OF STORE LOCATIONS: _____

MAJOR COLLECTIONS CARRIED: _____

PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

YEAR BUSINESS ESTABLISHED: _____ LENGTH OF TIME AT PRESENT LOCATION: _____

BANK: _____ ACCT #/NAME: _____

ADDRESS: _____

PHONE #: _____ BANK CONTACT: _____

CREDIT REFERENCES (NAME / ADDRESS / PHONE):

- _____
- _____
- _____

BUYING GROUP AFFILIATIONS (NAME / ADDRESS / PHONE):

- _____
- _____

THE UNDERSIGNED AGREES TO PAY FOR ALL PURCHASES ACCORDING TO THE TERMS OF CREDITOR. NO TERMS OR CONDITIONS OF PURCHASE ORDERS DIFFERENT FROM THE TERMS OF CREDITOR WILL BECOME PART OF ANY SALES AGREEMENT, PURCHASE ORDER, OR OTHER DOCUMENT UNLESS SPECIFICALLY APPROVED IN WRITING BY CREDITOR. NO ITEMS WILL BE ACCEPTED FOR RETURN WITHOUT PRIOR APPROVAL.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE: _____ COMPANY: _____

PRINT OWNER OR AUTHORIZED AGENT: _____ SIGNATURE: _____