

# OOGP New Account Application

THIS AGREEMENT is entered into this \_\_\_\_\_ (Date) between \_\_\_\_\_ (here in after referred to as "Member") and OOGP. Member agrees to participate in OOGP according to the terms and conditions set forth below.

- To become a member of OOGP, the prospective member must be a licensed Eyecare Provider. OOGP reserves the right to obtain a written or oral report from any credit agency. Thereafter, the prospective member will be approved or disapproved by OOGP. If approved, an opening credit limit will be established.
- The primary purpose of OOGP is to provide members an opportunity to utilize the benefits of volume and/or wholesale product purchasing. The member, however, is free to purchase supplies or lab services from whatever source it desires, regardless of whether that source participates in OOGP.
- Each participating buying group supplier will be authorized to invoice OOGP for the Member's purchases. The Member will place orders directly to the supplier by using an assigned "ship-to" number, and instruct the supplier to mail the materials directly to the Member's office. A copy of the invoice will be mailed to OOGP for billing.
- The Member agrees to deal directly with each buying group supplier regarding any returns, credits or complaints.
- The Member will be entitled to receive the published buying group discounts from OOGP.
- Statements must be paid in full by the Member by the fifteenth (15th) of each month. Otherwise, your entire discount amount will be lost, or a 1.5% finance charge (18% annually, \$20 minimum) will be charged, whichever is greater, if payment is not received by the 15th. In addition, your account will be placed on credit hold with OOGP Distributing. If payment is still not received by the 25th, your buying group accounts will be placed on credit hold. If payment has not been made by the end of the month, the membership will be turned over to our collection agency and closed.
- If your business resides in a state that requires sales tax to be collected, a sales tax exemption (re-sale) certificate must be submitted in order to make tax-free purchases of items and services that are taxable. If you have a certificate you would like for us to put on file please fax a copy to (541) 476-8753 or email to patricia.new@oogp.com.
- For those members who have failed to comply with the payment policy on two separate occasions, OOGP reserves the right to place delinquent accounts on credit hold with buying group suppliers and OOGP Distributing on the 15th of the month or earlier if necessary.
- If the account is turned over for collection, the member will pay a reasonable attorney and collections fee.
- OOGP reserves the right to charge a fee for each returned check.
- This Agreement is for an indefinite term but may be terminated by OOGP for breach of this contract, at any time.
- The Member will hold OOGP harmless and indemnify against product liability claims that may be brought against OOGP in connection with any supplies or lab services purchased by the Member through OOGP.
- This Agreement shall be governed by the laws of OREGON and items listed on Agreement shall not be modified unless published in writing.

Please fill out all fields. If all fields are not completely filled out your application may be sent back or delayed.

ACCOUNT INFORMATION		
PRACTICE NAME _____		LICENSE # _____
DR. NAME _____		SOCIAL SECURITY # _____
ADDRESS _____		TAX I.D.. # _____
CITY, STATE _____		BANK REFERENCE NAME _____
ZIP CODE _____		BANK ACCOUNT # _____
PHONE NUMBER _____		BANK CONTACT NAME _____
FAX NUMBER _____		BANK PHONE NUMBER _____
TYPE (CIRCLE ONE)    SOLE PROPRIETORSHIP / PARTNERSHIP / CORPORATION		ANTICIPATED MONTHLY PURCHASE AMOUNT \$ _____

CONTACT INFO & PREFERENCES		
DR. OFFICE MANAGER _____	DO YOU BELONG TO A DOCTORS ALLIANCE? _____	
EMAIL ADDRESS _____	IF YES, PLEASE LIST _____	
FRAME PURCHASER _____	SEND MY MONTHLY STATEMENT TO _____	
EMAIL ADDRESS _____		(MUST BE FAX # OR EMAIL ADDRESS)
CONTACT LENS PURCHASER _____	ARE YOU PURCHASING AN EXISTING ACCOUNT? _____	YES / NO
EMAIL ADDRESS _____	IF YES, PROVIDE THE ACCOUNT # _____	

I understand and agree to the above terms. I hereby assume personal responsibility for payment to OOGP regardless of whatever entity may place orders using this credit availability.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Please return completed form to (F) 541-476-8753 or (E) patricia.new@oogp.com





# Buying Group Billing Transfer Worksheet

I, the undersigned, do hereby authorize OOGP to transfer my accounts for the suppliers listed below to the OOGP buying group.

Please include the current account number of the suppliers you wish to bill through OOGP. If you do not have an existing account, please contact the supplier to establish your account.

### ACCOUNT INFORMATION

NAME \_\_\_\_\_

OOGP ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

FRAMES	ACCOUNT NUMBER	FRAMES	ACCOUNT NUMBER	OPTICAL ACCESSORIES	ACCOUNT NUMBER
A&A OPTICAL	_____	MARCOLIN	_____	AMCON	_____
ALTAIR EYEWEAR	_____	MATCH EYEWEAR	_____	ARCH CROWN	_____
AMERICAN EYEWEAR	_____	MENIZZI ITALY	_____	CALIFORNIA ACCESSORIES	_____
AREA 98	_____	MODERN OPTICAL	_____	CNS FRAME DISPLAYS	_____
ASPEX	_____	MODO EYEWEAR	_____	HILCO	_____
BRILLEIN EYES	_____	MONDOTTICA USA	_____	OPTISOURCE (CHEMICALS)	_____
CHARMANT GROUP	_____	MOREL EYEWEAR	_____	RON'S OPTICAL CASE	_____
CLARITI	_____	NEW YORK EYE	_____	<b>STOCK LENSES</b>	<b>ACCOUNT NUMBER</b>
CLASSIQUE	_____	NOUVEAU EYEWEAR	_____	NASSAU VISION GROUP	_____
CLEAR VISION	_____	OWP	_____	<b>SOFT CONTACT LENSES</b>	<b>ACCOUNT NUMBER</b>
COLORS IN OPTICS	_____	POETS EYEWEAR	_____	ORION	_____
COSTA DEL MAR	_____	PRO DESIGN EYEWEAR	_____	POLYVUE	_____
DE RIGO REM	_____	SAFILO	_____	<b>GAS PERMEABLES</b>	<b>ACCOUNT NUMBER</b>
DESIGN GALLERY	_____	SEIKO OPTICAL	_____	ESSILOR CONTACT LENS SPECIALISTS	_____
DOLOBANY EYEWEAR	_____	SIGNATURE	_____	FAR WEST OPTICAL	_____
EASTERN STATES	_____	SILHOUETTE	_____	VALLEY CONTAX	_____
EUROPA INT'L	_____	SYMMETRY	_____	X-CEL CONTACTS	_____
FGX, INC	_____	TURA	_____	<b>OPTICAL LABORATORIES</b>	<b>ACCOUNT NUMBER</b>
IMAGEWEAR	_____	VIVA	_____	BEST PRICE DIGITAL LENSES	_____
INFACE COMPANY	_____	WEST GROUPE	_____	CENTRAL OPTICAL LAB	_____
ITALIA-SPEX	_____	WILEY X	_____	DYNAMIC LAB	_____
KENMARK GROUP	_____	WOOW EYEWEAR	_____	ESSILOR LAB	_____
KERING EYEWEAR	_____	ZIG EYEWEAR	_____	ESSILOR LAB ACCOUNT #	_____
L'AMY	_____	ZYLOWARE	_____	HOYA LAB	_____
LAFONT	_____			HOYA LAB ACCOUNT #	_____
LUXOTTICA	_____			PECH OPTICAL	_____
MCGEE GROUP	_____			WALMAN OPTICAL	_____
MARCHON	_____				

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to (F) 541-476-8753 or (E) patricia.new@oogp.com