

OWNER MUST COMPLETE & SIGN THIS APPLICATION.

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between (hereinafter referred to as "Member") and OOGP.

Member agrees to participate in OOGP according to the terms and conditions set forth below:

1. 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.
2. 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.
3. 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.
4. The Member agrees to deal directly with each buying group supplier regarding any returns, credits or complaints.
5. The Member will be entitled to receive the published buying group discounts from OOGP.
6. 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, \$10 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.
7. 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.
8. If the account is turned over for collection, the member will pay a reasonable attorney and collections fee.
9. OOGP reserves the right to charge a fee for each returned check.
10. This Agreement is for an indefinite term but may be terminated by OOGP for breach of this contract, at any time.
11. 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.
12. This Agreement shall be governed by the laws of OREGON and items listed on Agreement shall not be modified unless published in writing.

Member Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Title

Account Name: \_\_\_\_\_ Method to send statement:  
 Fax  Email  
 Address: \_\_\_\_\_ (No hard copies will be sent)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ License # \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Office Manager: \_\_\_\_\_ Frame Purchaser: \_\_\_\_\_ Cont. Lens Purchaser: \_\_\_\_\_

Soc. Sec. #: _____ <small style="margin-left: 200px;">REQUIRED</small>
Tax ID#: _____ <small style="margin-left: 200px;">REQUIRED</small>

Vistakon Acct. # _____
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**BANK REFERENCE:**

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
 Bank Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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: \_\_\_\_\_  
(Must Be Owner)

**Please fax a copy of your Resale Certificate along with this completed application to 541-476-8753.**

**IMPORTANT!**

Please include the current account # of the suppliers you wish to bill through OOGP. If you do not have existing account, please contact the supplier to establish your account. Upon your initial order, please remind the supplier that you wish to have your account billed through OOGP Buying Group.

**FRAMES:**

- A&A OPTICAL \_\_\_\_\_
- ALANCO OPTICAL \_\_\_\_\_
- ASPEX \_\_\_\_\_
- BBH EYEWEAR \_\_\_\_\_
- CHARMANT GROUP \_\_\_\_\_
- CLARITI \_\_\_\_\_
- CLASSIQUE \_\_\_\_\_
- CLEARVISION \_\_\_\_\_
- EASTERN STATES OPTICAL \_\_\_\_\_
- EUROPA INT'L \_\_\_\_\_
- IMAGEWEAR \_\_\_\_\_
- KENMARK GROUP \_\_\_\_\_
- L'AMY \_\_\_\_\_
- LAFONT \_\_\_\_\_
- LUXOTTICA \_\_\_\_\_ Call Direct to Transfer.
- MARCHON \_\_\_\_\_
- MATCH EYEWEAR \_\_\_\_\_
- MARCOLIN \_\_\_\_\_
- MENIZZI ITALY \_\_\_\_\_
- MOREL EYEWEAR \_\_\_\_\_
- NEW YORK EYE \_\_\_\_\_
- OOH-LA-LA \_\_\_\_\_
- PREMIERE \_\_\_\_\_
- PRO DESIGN EYEWEAR \_\_\_\_\_
- RED 88 EYEWEAR \_\_\_\_\_
- REM EYEWEAR \_\_\_\_\_
- REVOLUTION \_\_\_\_\_
- SAFILO \_\_\_\_\_
- SEIKO OPTICAL \_\_\_\_\_
- SIGNATURE \_\_\_\_\_
- SILHOUETTE \_\_\_\_\_
- SYMMETRY \_\_\_\_\_
- TURA \_\_\_\_\_
- VIVA \_\_\_\_\_
- WILEY X \_\_\_\_\_

**OPTICAL ACCESSORIES:**

- ARCH CROWN \_\_\_\_\_
- B&K OPTICAL \_\_\_\_\_
- CA ACCESSORIES \_\_\_\_\_
- COSTA DEL MAR \_\_\_\_\_

- GLACIER OPTICAL \_\_\_\_\_
- HILCO \_\_\_\_\_
- JONATHAN PAUL \_\_\_\_\_
- OPTISOURCE (CHEMICALS) \_\_\_\_\_
- RON'S OPTICAL CASE \_\_\_\_\_

**OPHTHALMIC LABS:**

- CENTRAL OPTICAL LAB \_\_\_\_\_
- DYNAMIC LAB \_\_\_\_\_
- ESSILOR LABS OF AMERICA:

- BRISTOW OPTICAL \_\_\_\_\_
- CUSTOM EYES \_\_\_\_\_
- DASH \_\_\_\_\_
- DBL \_\_\_\_\_
- DUFFENS \_\_\_\_\_
- MERIDIAN \_\_\_\_\_
- OMEGA OPTICAL \_\_\_\_\_
- OPTI-CRAFT \_\_\_\_\_
- OPTICAL SUPPLIERS \_\_\_\_\_
- PRECISION OPTICS \_\_\_\_\_
- SOUTHERN OPTICAL \_\_\_\_\_
- TWIN CITY \_\_\_\_\_

HOYA:

- ATLANTA, GA \_\_\_\_\_
- BETHEL, CT \_\_\_\_\_
- CHICAGO, IL \_\_\_\_\_
- CLEVELAND, OH \_\_\_\_\_
- DALLAS, TX \_\_\_\_\_
- DAYTON, OH \_\_\_\_\_
- EUGENE, OR \_\_\_\_\_
- FRESNO, CA \_\_\_\_\_
- HARTFORD, CT \_\_\_\_\_
- LARGO, FL \_\_\_\_\_
- LEWISTON, ME \_\_\_\_\_
- MODESTO, CA \_\_\_\_\_
- PORTLAND, OR \_\_\_\_\_

- HOYA (Continued):
- ST. LOUIS, MO \_\_\_\_\_
- SAN DIEGO, CA \_\_\_\_\_
- SEATTLE, WA \_\_\_\_\_
- CARL ZEISS \_\_\_\_\_
- NASSAU VISION \_\_\_\_\_
- PECH OPTICAL \_\_\_\_\_
- SUPERIOR OPTICS \_\_\_\_\_
- WALMAN OPTICAL \_\_\_\_\_

**STOCK LENSES:**

- NASSAU VISION \_\_\_\_\_
- PENTAX \_\_\_\_\_

**GP CONTACTS:**

- ABBA OPTICAL \_\_\_\_\_
- C & H CONTACT LENS \_\_\_\_\_
- ESSILOR LABS OF AMERICA:
- BRISTOW OPTICAL \_\_\_\_\_
- CUSTOM EYES \_\_\_\_\_
- DASH \_\_\_\_\_
- DBL \_\_\_\_\_
- DUFFENS \_\_\_\_\_
- MERIDIAN \_\_\_\_\_
- OMEGA OPTICAL \_\_\_\_\_
- OPTI-CRAFT \_\_\_\_\_
- OPTICAL SUPPLIERS \_\_\_\_\_
- PRECISION OPTICS \_\_\_\_\_
- SOUTHERN OPTICAL \_\_\_\_\_
- TWIN CITY \_\_\_\_\_
- FAR WEST OPTICAL \_\_\_\_\_
- PARACON \_\_\_\_\_
- VALLEY CONTACT \_\_\_\_\_
- X-CEL CONTACTS \_\_\_\_\_

**SOFT CONTACT LENSES:**

- CIBA \_\_\_\_\_
- COOPERVISION \_\_\_\_\_
- POLYVUE \_\_\_\_\_
- WESTCON CONTACTS \_\_\_\_\_

**PREMIUM VENDOR PARTNERS ARE HIGHLIGHTED.**

Please refer to OOGP Premium Vendor sheet to find out how to save up to an additional 10% and receive \$\$ back!

Contact Person: \_\_\_\_\_  
PURCHASING AGENT

I, the undersigned, do hereby authorize OOGP to transfer my accounts for the aforementioned suppliers to the OOGP Buying Group:

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Fax \_\_\_\_\_

Return to: OOGP • P.O. Box 724 • Grants Pass, OR 97528

Fax 541-476-8753 • buyinggroup@oogp.com