

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 _____
- BUZZ _____
- CHARMANT GROUP _____
- CLARITI _____
- CLASSIQUE _____
- CLEARVISION _____
- EASTERN STATES OPTICAL _____
- EUROPA INT'L _____
- IMAGEWEAR _____
- KENMARK GROUP _____
- L'AMY _____
- LAFONT _____
- LUXOTTICA _____ Call Direct to Transfer.
- THE McGEE GROUP _____
- MARCHON _____
- MATCH EYEWEAR _____
- MARCOLIN _____
- MENIZZI ITALY _____
- MODERN OPTICAL _____
- MODO EYEWEAR _____
- MONDOTTICA USA _____
- 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 _____
- VILLA EYEWEAR _____
- VIVA _____
- WILEY X _____
- ZYLOWARE _____

OPTICAL ACCESSORIES:

- AMCON _____
- ARCH CROWN _____
- 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 _____
- FOCUS LABS _____
- 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 _____
- 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:
- DALLAS, TX _____
- DENVER, CO _____
- TULSA, OK _____
- FAR WEST OPTICAL _____
- PARACON _____
- VALLEY CONTAX _____
- X-CEL CONTACTS _____

SOFT CONTACT LENSES:

- CIBA _____
- COOPERVISION _____
- POLYVUE _____
- WESTCON CONTACTS _____

PRACTICE SOFTWARE:

- REIMBURSEMENT PLUS _____

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

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. If approved, an opening credit limit will be established.
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, \$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.
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): _____ Title _____ Date: _____

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____ Anticipated Monthly Purchase Amount: _____

Office Manager: _____ Frame Purchaser: _____ Cont. Lens Purchaser: _____

Soc. Sec. #: _____	REQUIRED
Tax ID#: _____	REQUIRED

Vistakon Acct. # _____

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.