



Attn: Patricia New
 557 NE Westbrook Way
 Grants Pass, OR 97526
 Fax to: 541-476-8753
 Email to: patricia.new@oogp.com

NEW ACCOUNT APPLICATION

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

BUSINESS INFORMATION				
Legal Business Name			LEGAL ENTITY	BUSINESS MODEL
Business Start Date			Corporation	Retail Store
Telephone			Partnership	E-Commerce
Fax			LLC	Retail & E-Commerce
Email			Sole Proprietorship	
SSN# ^(required) & Tax ID ^(optional)			LICENSE TYPE	BUSINESS TYPE
Doing Business As			MD	MD
Practitioner License #			OD	OD
Name on License			DO	DO
License State			Other	Wholesale
Expiration Date				Other
Anticipated Monthly Sales \$				
PRACTICE & CONTACT INFORMATION				
Have you ever done business with us?	Yes	No	If yes, what account number?	Acct #:
Are you purchasing an existing account?	Yes	No	If yes, what account number?	Acct #:
Do you wish to bill through a Strategic Alliance?	Yes	No	If yes, what is the name & account number?	Name & Acct #:
Are you part of a Doctor's Alliance?	Yes	No	If yes, what is the name & account number?	Name & Acct #:
Are you an EYEMED Member?	Yes	No		
MARK ALL PRODUCTS THAT YOU ARE INTERESTED IN PURCHASING				
<input type="checkbox"/>	Finished Stock Lenses	<input type="checkbox"/>	Contact Lenses	<input type="checkbox"/>
<input type="checkbox"/>	Lab Services	<input type="checkbox"/>	Gas Permeable Contact Lenses	<input type="checkbox"/>
<input type="checkbox"/>	OOGP Buying Group			
CONTACT INFORMATION				
Corporate Officer/ Owner	_____	Telephone	_____	Email
Accounts Payable Contact	_____	Telephone	_____	Email
Office Manager	_____	Telephone	_____	Email
SHIPPING INFORMATION				
BILL-TO ADDRESS		CHECK HERE IF BILL-TO IS THE SAME AS SHIP-TO : <input type="checkbox"/>		SHIP-TO ADDRESS
Street Address	_____	Storefront Name	_____	
City, State, Zip, County	_____	Street Address	_____	
Send monthly statement to:	(email or fax)	City, State, Zip, County	_____	
DEFAULT SHIPPING METHOD				
STOCK & CONTACTS (REQUIRED)		LAB WORK (REQUIRED)		
<input type="checkbox"/>	UPS Next Day 10:30	<input type="checkbox"/>	UPS Next Day	
<input type="checkbox"/>	UPS Saver	<input type="checkbox"/>	Courier (subject to availability)	
<input type="checkbox"/>	UPS Ground	<input type="checkbox"/>	Name:	City/State:
<input type="checkbox"/>	Courier (subject to availability)	<input type="checkbox"/>		
<input type="checkbox"/>	Name: _____	<input type="checkbox"/>	City/State: _____	

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

FINANCE INFORMATION			
Bank Reference _____	Account _____	Bank Name _____	Fax _____
Street Address _____	City, State, Zip _____	Bank Contact Name _____	Email _____
TRADE REFERENCES (LIST 3)			
Vendor _____	Account _____	Contact Name _____	Phone _____
Vendor _____	Account _____	Contact Name _____	Phone _____
Vendor _____	Account _____	Contact Name _____	Phone _____
PERSONAL GUARANTEE FOR BUSINESS NAME			
Name _____	Social Security Number _____	Home Street Address _____	City, State, Zip _____
Telephone _____			

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

Points 1-13 below apply to OOGP Buying Group Member applicants only.

- To become a member of OOGP Buying Group, the prospective member must be a licensed Eyecare Provider. OOGP Buying Group 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 Buying Group. If approved, an opening credit limit will be established.
- The primary purpose of OOGP Buying Group is to provide members an opportunity to utilize the benefits of volume and/or wholesale product purchasing. Member, however, is free to purchase supplies or lab services from whatever source it desires, regardless of whether that source participates in OOGP Buying Group.
- Each participating buying group supplier will be authorized to invoice the OOGP Buying Group for Member's purchases. 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 Member's office. A copy of the invoice will be mailed to OOGP Buying Group for billing.
- Member agrees to deal directly with each buying group supplier regarding any returns, credits or complaints.
- Member will be entitled to receive the published buying group discounts from OOGP Buying Group.
- Statements must be paid in full by 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 Buying Group. 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.
- For those Members who have failed to comply with the payment policy on two separate occasions, OOGP Buying Group reserves the right to place delinquent accounts on credit hold with buying group suppliers and OOGP Buying Group 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 Buying Group reserves the right to charge a fee for each returned check.
- This Agreement is for an indefinite term but may be terminated by OOGP Buying Group for breach of this contract, at any time.
- Member will hold OOGP Buying Group harmless and indemnify against product liability claims that may be brought against OOGP Buying Group in connection with any supplies or lab services purchased by Member through OOGP Buying Group.
- This Agreement shall be governed by the laws of OOGP Buying Group's State and items listed on Agreement shall not be modified unless published in writing.

Resale Certificate

All accounts with shipping addresses located in the following states must attach state resale certification, not sellers permits - Alabama, Arkansas, California, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Mississippi, Missouri, New Mexico, Nevada, Ohio, Oklahoma, South Carolina, Tennessee, Utah.

Agreement

To induce Distributor to approve this Credit Application and in consideration of it so doing, we, the undersigned, do hereby jointly, severally and personally guarantee the above Member's full performance of said purchase agreement and hereby agree to indemnify the Distributor against any and all damage, loss, expense (including attorney's fees) and/or liability sustained by Distributor by reason of or related to, the above Member's failure to perform or to pay when due charges incurred in accordance with the above agreement. Distributor may enforce this agreement against the undersigned or any of them, jointly or severally, whether or not any action is ever taken by it against the above. Should this account have to be placed with an outside collection service and/or attorney, the undersigned agrees to be responsible for an additional 25% of the amount outstanding to cover costs of collection.

Member or extensions of additional credit to the Member, I consent to Distributor attaining an individual credit report. I understand and agree to the above terms. I hereby assume personal responsibility for payment to Distributor regardless of whatever entity may place orders using this credit availability.

PLEASE SIGN BELOW	
Owner's Authorized Signature _____	Date _____
Owner's Initials _____	
CREDIT DEPARTMENT INFORMATION (FOR INTERNAL USE ONLY, PLEASE DO NOT FILL OUT)	
Sales Representative _____	Credit Limit _____
Account Number _____	Credit Manager _____
Approved By _____	Date _____



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

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.

Signature _____ Date _____

Please return completed form to (F) 541.476.8753 or (E) patricia.new@oogp.com



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CooperVision™

CooperVision Business Intake Form

If you will be purchasing CooperVision Products from this distributor you **Must** answer the following four questions below and sign your name and title.

If you have an existing CooperVision account number please list: _____

Business Name:

Business Shipping Address:

Phone Number:

City State Zip

- Do you have other businesses that currently purchase or previously purchased products with CooperVision?

Yes

No

If **Yes**, please list detail below:

- Do any other members of your family own related business that have done business with CooperVision?

Yes

No

If **Yes**, please list detail below:

- Does your business export? (Circle) Yes or No If yes, do you have an export license?

License number:

Total Export Sales:

- Estimated annual purchases with CooperVision: \$_____

I acknowledge that I have answered the questions above completely and accurately to the best of my knowledge:

Print Name of Owner or Corporate Officer

Title

Signature of Owner or Corporate Officer

Date