BROTHERS' OPTICAL LABORATORY, INC.

For Office Use Only

Shipping Code_____Plan_____
Customer Code _____
Credit Limit $_____
Sales Representative _____
Territory _____County _____
Sales Tax Rate _____
Price Code: Edged _____ Uncut_____

Credit Application

Fax to: 714 938 9313

Customer Name _____Phone ( ) _____
Address _____ Suite #_____
City_____ State_____ Zip_____
Fax # ( ) _____ Email Address_____
County_____ Resale #_____ Year Established _____

Check One
M.D. ____
O.D. ____
O.P. ____

Trade References

1. _____

Acct# _____

Phone ( )_____

2. _____

Acct#_____

Phone ( )_____

3. _____

Acct# _____

Phone ( )_____

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Shipping Method
Consolidated____ UPS____
DHL _____ FEDX_____
Other _____

Method Of Payment
Direct Bill _____
Buying Group - PEN - C & E - VW
Group # _____

Materials
Rx Books _____
Envelopes _____
Labels _____

M/C#_____ Expiration Date / /

Visa #_____ Expiration Date / /

Authorized Signature _____