



2017 New Account Special

Looking for a new Lab? Tired of Being just another number in a Large Lab's Corporate database? Fed up with managed care and offshore lab companies dictating your pricing and product portfolio?

Did your lab supplier/vendor just become your largest competitor?

Give Eye-Kraft a chance to win your business and receive *50% off our already stellar pricing on your first month's statement.*

- * Eye-Kraft is 100% independently owned and operated by the same Minnesota Family since we opened the doors in 1957
- * Eye-Kraft is a Vision Monday top 25 independent lab and has been on the list since it's inception.
- * Eye-Kraft offers full backside digital surfacing on our state of the art Schneider Digital Surfacing line in-house.
- * Eye-Kraft strives to source from independent "on-shore" vendors whenever possible, and our Eye-Kraft brands are manufactured in the U.S., never outsourced.
- * Eye-Kraft offers full backside digital surfacing in-house on our state of the art Schneider Digital Surfacing line.

Fill out the attached application and fax or e-mail it back to us and receive 50% your first month's lab bill. No commitment, no contracts, and no quotas. Let us earn your trust with our quality and service.

EYE KRAFT OPTICAL, INC

NEW ACCOUNT/CREDIT APPLICATION

FAX: 1-800-950-7070

Phone: 888-455-2022

E-Mail: info@EyeKraft.com

I. ACCOUNT INFORMATION (all information is required)		
Name of Legal Entity	Telephone	Fax
Bill-To Address (statement will be mailed here)	City / State / Zip	Business Office Contact Person
Ship-To Address (if different than above)	City / State / Zip	
Exempt From Sales Tax? Y N	Business E-mail Address	

III. BUSINESS ORGANIZATION (Federal Tax ID or SSN is required)		
Company Organization Sole Proprietor Partnership Corporation LLC PA		State of Business Formation
Business Type O.D. M.D. Optician Wholesale Government Industrial		Date of Business Formation
CHOOSE ONE:	Federal Tax I.D. (preferred) Social Security Number	Enter I.D. Number Here
Do you want to bill through a Buying Group? N Y	Name of Buying Group	Enter Group I.D. Number Here
Name of Business Owner #1	City / State / Zip	Telephone
Name of Business Owner #2	City / State / Zip	Telephone

IV. TRADE REFERENCES (such as current wholesale lab supplier)		
Optical Lab Reference	Laboratory Name	Account Number
Non-Lab Reference	City / State / Zip	Telephone

V. REQUIRED SIGNATURE		
<p>I hereby grant permission to Eye Kraft to obtain any and all information they deem necessary to process this application and then re-verify any information at a later date.</p> <p>I authorize the use of a photocopy of this credit application for verification purposes and request that such a photocopy be honored as fully as if it were an original.</p> <p>Signature _____ Print Name _____ Date _____</p>		

BILLING TERMS: Terms are discount 10 days EOM. Net 30 Days. Bills unpaid after 30 days are charged 1.5% (18% per annum).

COLLECTION CHARGES AND COSTS: In opening your account at Eye Kraft, you assume and become totally responsible for all collection costs both personally, corporately, and/or under an "assumed name." The purchaser's acceptance of special ordered prescription lenses and/or associated services and subsequent failure to reimburse Eye Kraft for those lenses or services rendered will result in charges being assessed for all costs incurred by Eye Kraft, their attorneys, accountants, collection agency fees and any court costs plus interest charges. These charges will be added to the unpaid balance and become the responsibility of the purchaser in full.

INTERNAL USE ONLY					
Customer Account Number	Bill-To Account Number	Medica Acct #	Credit Limit	Branch Location	
Customer Class	Discount / Price List	Buying Group Number	Mailing Group #	Collector	
Exempt? <input type="radio"/> N <input type="radio"/> Y	Tax Code	Customer Notification? <input type="radio"/> N <input type="radio"/> Y	Date Customer Notified (if appropriate)		

Online New Account Special Processing