



## Optical Resources Member Survey

The following information is important as it assists us in determining member needs, assures proper communication, determines Optical Resources' total purchasing capability, and confirms appropriate addresses. Thank you for your assistance.

If you have any questions about how to complete this form please call us at 317.522.0872

Corporate name/dba's:		
Billing Address:	City:	State/Zip:
Mail Address:	City:	State/Zip:
Ship Address:	City:	State/Zip:
Tel:	Fax:	Website:

### Corporate Management

Company Owner(s):	Email:
CEO:	Email:
Finance Mgr./Bookkeeper:	Email:
Accounts Payable:	Email:
Retail Operations Mgr:	Email:
Lab Mgr.:	Email:

### Purchasing Decision Makers

Ophthalmic Lenses:	Email:
CTL:	Email:
Frames:	Email:
Cases & Accessories:	Email:

### Survey Questions

Is your organization	<input type="checkbox"/> O.D.	<input type="checkbox"/> M.D.	<input type="checkbox"/> Optician practice	<input type="checkbox"/> Strictly Wholesale	<input type="checkbox"/> Other:
Total Number of:	Retail Locations:	Surfacing Labs:	Finishing Labs:		
Lens Surfacing Capabilities	<input type="checkbox"/> Glass	<input type="checkbox"/> Polycarbonate	<input type="checkbox"/> Trivex	<input type="checkbox"/> Contact Lens	
Total Pair of Lenses Surfaced Per Day:					
Percent of your lab work that is for:	Own Store:	+	Outside Accounts:	=	100%
Percent of lab work done by an outside wholesale Laboratory:		%			
<p><i>Because of pricing negotiated with the below listed vendors Optical Resources will charge 3% on net purchases from the below vendors ONLY. If you do not wish to purchase from the below vendors through Optical Resources you do not need to complete the next two questions and you may continue to the second page</i></p> <p>Essilor (Lenses)      ENNCO Display      Kobo      Tuscany Eyewear      Mellbrad      Epic Labs</p>					
Would you like to pay your bill with your credit card?			Would you like to receive your bill via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		

## Please List All Ship-To Locations

Is each location billed separately?       Yes       No

<b>#1 Company Name (dba):</b>		
Address:	City:	State/Zip:
Tel:	Fax:	Contact Person:
<input type="checkbox"/> Lab Only <input type="checkbox"/> Retail Only <input type="checkbox"/> Retail/Lab		
<b>#2 Company Name (dba):</b>		
Address:	City:	State/Zip:
Tel:	Fax:	Contact Person:
<input type="checkbox"/> Lab Only <input type="checkbox"/> Retail Only <input type="checkbox"/> Retail/Lab		
<b>#3 Company Name (dba):</b>		
Address:	City:	State/Zip:
Tel:	Fax:	Contact Person:
<input type="checkbox"/> Lab Only <input type="checkbox"/> Retail Only <input type="checkbox"/> Retail/Lab		
<b>#4 Company Name (dba):</b>		
Address:	City:	State/Zip:
Tel:	Fax:	Contact Person:
<input type="checkbox"/> Lab Only <input type="checkbox"/> Retail Only <input type="checkbox"/> Retail/Lab		

*Please List Any Additional Shipping Locations On A Separate Sheet*

Responding Representative Name:	Date:	
Tel:	Fax:	Email:

Please Fax or Mail To: P.O. Box 19441 Indianapolis, IN 46219 - 317.522.0873



# Optical RESOURCES®

## Optical Resources Member Agreement

The following noted company, and its associated or subsidiary companies, has/have agreed to become a member of the Optical Resources purchasing organization. The company indicated below thereby agrees to allow Optical Resource Suppliers to furnish copies of its, and its associated or subsidiary companies', monthly billing statements to this purchasing organization, in exchange for its participation in Optical Resources' contracted pricing. The undersigned company also agrees to pay Optical Resources' service charges, as stipulated in its published terms and policies, in return for participating in purchasing and other Optical Resources programs.

However, this agreement is not to be construed as a binding contract between the member and Optical Resources, other than as stipulated above, and only as long as the below noted company remains a member of Optical Resources. This agreement can be terminated by written notice, at any time, by either party.

**ACCOUNT TRANSFER AUTHORIZATION:** Optical Resources suppliers are hereby authorized to transfer all future billings for the below list company, and all its branches or subsidiaries, to the Optical Resources account, which the undersigned understands will be billed directly. Optical Resources is also authorized to receive copies of member billings for their purposes. With this transfer, old unrelated account number(s) should be canceled so that no further billings will inadvertently be sent through then and cause additional confusion or inaccurate pricing.

**CONFIDENTIALITY:** As an Optical Resources member, the below listed company and its representatives will receive copies of Optical Resources contractual pricing. By accepting this proprietary and confidential information, the undersigned accepts full responsibility for insuring that this information will be treated with complete confidentiality.

By this agreement, the undersigned insures Optical Resources that this proprietary information will not be used for short term gains, as a leverage tool for further supplier/vendor negotiations, or for purposes other than as indicated above. Furthermore, the following insures that this information will not be shared with anyone outside their organization, and only for the purpose of seriously evaluating the purchasing opportunities available through Optical Resources, and as a participating member of Optical Resources.

Company Name: \_\_\_\_\_

Authorizing Representative: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Under the terms of its agreements with its suppliers, Optical Resources assumes no responsibility for the payment of any of its member billings.*

Please Fax or Mail To: P.O. Box 19441 Indianapolis, IN 46219 - 317.522.0873

# Optical Resources General Credit Application

*Provided expressly for implementation of new Optical Resources supplier accounts*

Company Name and all DBA's:			
Billing Address:			
City:		State:	Zip:
Tel:		Fax:	
Federal I.D. #:	SS#:	DUNS:	
Sales Tax #:	State:	Date Firm Established:	
Sales Tax Exemption #:	State:	Date Firm Established:	
Form of Business: <input type="checkbox"/> Incorporated                      Date/State: <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
Names of Officers/Owners of Firm			
President/Owner:			
Vice President/Partner:			
Treasurer/Accounting Mgr.:			
Bank References			
Bank Name:		Account #:	
Contact:	Type of Account:	Fax:	
Mailing Address:			
City:		State:	Zip:
Tel:		Fax:	
Four Trade References			
#1 Name:		Acct #	
Mailing Address:			
City:		State:	Zip:
Tel:		Fax:	
#2 Name:		Acct #	
Mailing Address:			
City:		State:	Zip:
Tel:		Fax:	
#3 Name:		Acct #	
Mailing Address:			
City:		State:	Zip:
Tel:		Fax:	
#4 Name:		Acct #	
Mailing Address:			
City:		State:	Zip:
Tel:		Fax:	
CREDIT AGREEMENT: I understand that by signing this credit application, I am stating that I am a legal agent of the above mentioned company and that I have the authority to represent the company in this matter. Further, I hereby authorize Fordham Enterprises D/B/A Optical Resources to contact the above listed bank and trade references, and inquire about the company's payment practices, and other factors that may help Optical Resources access creditworthiness. Revoked checks are subject to \$20 fees. Outstanding balances can be subject to 1.5% monthly interest.			
Firm Name:		Representative:	
Date:	Signature		
PERSONAL GUARANTEE: The undersigned personally and individually guarantee the payment of any outstanding balances due Fordham Enterprises, Inc. D/B/A Optical Resources. Absent written permission by Optical Resources, this personal guarantee may not be revoked. Optical Resources reserves the right to add interest to the outstanding balance monthly at the maximum rate of 1.5%. Should Optical Resources be forced to file a legal claim against the applicant and/or the undersigned for reason to recover the past due amount, it is the right of Optical Resources to add reasonable collection costs, legal costs, and attorney fees to the assigned balance due at time of collection and legal pursuit.			
Firm Name:		Representative:	
Date:	Signature		