



Name

Address

City, St, Zip

Date

Welcome to Optogenics

We are a full service lab, utilizing state of the art technology.
Optogenics is an authorized distributor of **Varilux** products.

In-house AR coating facilities:

Crizal: including Crizal, Crizal Alize, Crizal Sun and Crizal Avancé with Scotchgard™ protection.

Zeiss: SET, GET AR and Cool Blue, Silver and Gold mirror coatings.

AR24: our own anti-reflective, anti-scratch, hydrophobic coating. Proven performance, now available with a 1 or 2 year warranty. Ask Customer Service for details.

AR15: our newest “in-house” anti-reflective coating. GREAT value for you, with satisfaction for your patients

24 Hour Uncut Service:

Call your uncut orders in by 3PM (3:00PM EDT) and receive them the next day with **Zeiss AR or AR24& AR15. Two days** with any of the **Crizal** products.

Order at your convenience:

Fax: To 1-800-343-3925

Phone: Call our Customer Service Dept. at **1-800-OPTICAL (678-4225)**
8:30AM-7:00PM-Monday-Friday

Internet: Log on at www.optogenics.com

Order online receive an automatic savings discount per order.

Extra savings with our “**Web Only**” specials-log on to find today’s

Check your job status, price list, and current promotions,

Track your shipment on our secure web site.

OLA MEMBER
VSP, VBA, VCP Participant



Payment can be made by check, money order, or by phone using a major credit card. Phone payments are accepted 8:30am-4:00pm Eastern Time.

Payment Authorization:

I authorize Optogenics to charge my credit card automatically every month, the amount of my entire statement on the **1st** **15th** **28th** (circle one) of each month.

I authorize Optogenics to charge my credit card after my review of the statement and I phone in the dollar amount I would like to charge.

I authorize Optogenics to charge my credit card on a **pre-pay** basis in the amount of \$_____ every time my balance with Optogenics is less than \$_____.

I authorize Optogenics to charge my credit card ONLY in the amount specified on this form. \$_____

Optogenics Account Information:

Account Number: _____ Account Name: _____ Date: _____

Credit Card Information:

TYPE: VISA / MASTERCARD / DISCOVER / AMEX

Card Number: _____ - _____ - _____ Exp: _____ / _____

Name as it APPEARS on the card: _____

Billing Address for the card: _____

_____/_____
AUTHORIZED SIGNATURE *Print* (Signature)



ACCOUNT APPLICATION

Fill out the information below and return via mail or fax to: (315)-445-8994 E-mail not accepted

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ City _____ ST _____ ZIP _____

TEL: _____ FAX: _____ CELL: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____ City _____ ST _____ ZIP _____

TEL: _____ FAX: _____ CELL: _____

We look forward to contacting you with your new account #, on-line user name and password

OPTICAL REFERENCES

Company name Address Telephone # Acct #

(1) _____

(2) _____

(3) _____

TERMS: OPTOGENICS terms for payment are net 25 days. Past due accounts are subject to finance charges of 1.5 percent per month. In opening your account at OPTOGENICS you assume and become totally responsible for all collection costs both personally, corporately and/or under an "assumed name". Your acceptance of special ordered prescription lenses and not paying for them will result in your being charged for all costs incurred by OPTOGENICS of SYRACUSE, 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.

PURCHASER(S): _____ / _____

(Print)

(Signature)

(Print)

(Signature)