C
Cssilor

NEW ACCOUNT APPLICATION

FAX : (514) 337-2060 / (866) 964-2060

371 Deslauriers, St-Laurent, Qc H4N 1W2 Phone: (514) 337-2943 / (877) 678-8870 e-mail: accounting@essilor.ca

3772		(Confidentia	l)	-6670 e-man. accounting@ess	silor.oa
 Aries Optical Groupe Vision Optique Eastern Optical Essilor 	□ KW Optical □ OPSG □ Perspectics □ Pioneer Opti	□ Sto Lab □ Ess	F CHOICE R Optical Lab ck Club / RX Club ilor Source ionStyle)	
		ENERAL INFORMA	TION		
"Applicant " Name (FIRST/MIDDLE/LA	ST)	S.I.N		Date of Birth YYYY/M	M/DD
Residential address of "Applicant" Suit	e # , Street,	City	Provir	nce Postal Code	
"Company" Name of Legal Entity			Commercial Name		
Or any or a stration		During of Taxa			
Company Organization Sole Proprietor Pai	rtneship Compai	Business Type	O.D	Optician Safety	
#Years in business	# Years at this location		ax Exemption Number		
Billing address Suite # , Street,		City	Provir	nce Postal Code	
Delivery address Suite # , Street,		City	Provir	nce Postal Code	
General phone number	Accounting ph	one number	Fax N	umber :	
				ring fax number) :	
<u></u>					
I wish to use the Web to orde	er	User identificat	User identification (Up to 10 characters)		
E-mail Address		Website address			
			IDED		
Buying Group Name	Ð	UYING GROUP MEI	MBER Member Number		
Buying Group Name Bank Institution Name / Address			Member Number		
Bank Institution Name / Address		CREDIT REFERENC	Member Number		
		CREDIT REFERENC	Member Number		
Bank Institution Name / Address		CREDIT REFERENCE Account # Phone # / Fax #	Member Number		
Bank Institution Name / Address		CREDIT REFERENCE Account # Phone # / Fax #	Member Number CES # / Account # # / Account #		
Bank Institution Name / Address 1- Laboratory Supplier Name 2- Other Lens Supplier Name	s / Phone # /Fax # / .	CREDIT REFERENCE Account # Phone # / Fax # Phone # / Fax #	Member Number CES # / Account # # / Account # # / Account #		
Bank Institution Name / Address 1- Laboratory Supplier Name 2- Other Lens Supplier Name	s / Phone # /Fax # / S S h ESSILORLUXOTTICA any, hereby certify that hereby confirm that it i The Applicant hereby per , all covenants, agreement thereial information with a Applicant and the Corresentative agent. The <i>A</i> account is not paid in fi	CREDIT REFERENC Account # Phone # / Fax # IGNATURE & CONS CANADA Inc. and the above informat s in their interest to rsonally guarantee, factors and undertaking the Company autho all personal agents in mpany will pay all o Applicant and the Co ull after 30 days of i	Member Number CES # / Account # # / Account # # / Account # # / Account # SENT its affiliates, herein tion are correct to o consummate the as principal debtor a ps of the Company rise ESSILOR CAN n order to establish ur purchases acco ompany also agree nvoicing. The Appli	the best of their knowledg transaction of purchase ar and not merely as surety, to to ESSILOR CANADA purs IADA or its assignee to ob or check their financial situa rding to the terms agreed to pay administration fees of cant and the Company cert	e. The nd sale and in uant to otain or ation. If to with of 1.5%
Bank Institution Name / Address 1- Laboratory Supplier Name 2- Other Lens Supplier Name 3- Other Lens Supplier Name In order to request credit from the Applicant and the Company contemplated in the request. The favour of ESSILOR CANADA the actual request. Furthermore exchange personal and common this request is accepted, the ESSILOR CANADA or its rep per month (18%/year) if their	s / Phone # /Fax # / S S h ESSILORLUXOTTICA any, hereby certify that hereby confirm that it i The Applicant hereby per , all covenants, agreement thereial information with a Applicant and the Corresentative agent. The <i>A</i> account is not paid in fi	CREDIT REFERENC Account # Phone # / Fax # Phone # / Fax # Phone # / Fax # Phone # / Fax # IGNATURE & CONS CANADA Inc. and the above informat s in their interest to rsonally guarantee, i ents and undertaking the Company autho all personal agents ir npany will pay all o Applicant and the Co ull after 30 days of i s. They hereby autho	Member Number CES # / Account # # / Account # # / Account # SENT its affiliates, herein tion are correct to b consummate the as principal debtor is ps of the Company rise ESSILOR CAN n order to establish ur purchases acco pmpany also agree nvoicing. The Appli prise Essilor to oper	the best of their knowledg transaction of purchase ar and not merely as surety, to to ESSILOR CANADA purs IADA or its assignee to ob or check their financial situa rding to the terms agreed to pay administration fees of cant and the Company cert	e. The nd sale and in uant to otain or ation. If to with of 1.5%
Bank Institution Name / Address 1 - Laboratory Supplier Name 2 - Other Lens Supplier Name 3 - Other Lens Supplier Name In order to request credit from the Applicant and the Company Contemplated in the request. favour of ESSILOR CANADA the actual request. Furthermoder exchange personal and comma this request is accepted, the ESSILOR CANADA or its rep per month (18%/year) if their they have read the proceeding	S / Phone # /Fax # / S / Phone # /Fax # / S A ESSILORLUXOTTICA any, hereby certify that hereby confirm that it i The Applicant hereby per all covenants, agreement the core, the Applicant and the pre, the Applicant and the Corr resentative agent. The / account is not paid in fir and agree with its term Date	CREDIT REFERENC Account # Phone # / Fax # Phone # / Fax # Phone # / Fax # Phone # / Fax # IGNATURE & CONS CANADA Inc. and the above informat s in their interest to rsonally guarantee, i ents and undertaking the Company autho all personal agents ir npany will pay all o Applicant and the Co ull after 30 days of i s. They hereby autho	Member Number CES # / Account # # / Account # # / Account # EXTENSION Company rise ESSILOR CAN or order to establish or order to establish or order to establish or purchases acco ompany also agree nvoicing. The Appli orise Essilor to oper ure of your company)	the best of their knowledg transaction of purchase ar and not merely as surety, to to ESSILOR CANADA purs IADA or its assignee to ob or check their financial situa rding to the terms agreed to pay administration fees of cant and the Company cert an account and they sign:	e. The nd sale and in uant to otain or ation. If to with of 1.5%
Bank Institution Name / Address 1- Laboratory Supplier Name 2- Other Lens Supplier Name 3- Other Lens Supplier Name In order to request credit from the Applicant and the Company Contemplated in the request. favour of ESSILOR CANADA the actual request. Furthermoder exchange personal and comma this request is accepted, the ESSILOR CANADA or its rep per month (18%/year) if their they have read the proceeding	S / Phone # /Fax # / S / Phone # /Fax # / S A ESSILORLUXOTTICA any, hereby certify that hereby confirm that it i The Applicant hereby per all covenants, agreement the core, the Applicant and the pre, the Applicant and the Corr resentative agent. The / account is not paid in fir and agree with its term Date	CREDIT REFERENCE Account # Phone # / Fax # IGNATURE & CONS CANADA Inc. and the above informat s in their interest to rsonally guarantee, fat ents and undertaking the Company autho all personal agents in npany will pay all o Applicant and the Co ull after 30 days of i s. They hereby autho Company signat (Signing officer of	Member Number CES # / Account # # / Account # # / Account # EXTENSION Company rise ESSILOR CAN or order to establish or order to establish or order to establish or purchases acco ompany also agree nvoicing. The Appli orise Essilor to oper ure of your company)	the best of their knowledg transaction of purchase ar and not merely as surety, to to ESSILOR CANADA purs IADA or its assignee to ob or check their financial situa rding to the terms agreed to pay administration fees of cant and the Company cert an account and they sign:	e. The nd sale and in uant to otain or ation. If to with of 1.5%
Bank Institution Name / Address 1 - Laboratory Supplier Name 2 - Other Lens Supplier Name 3 - Other Lens Supplier Name In order to request credit from the Applicant and the Company contemplated in the request. T favour of ESSILOR CANADA the actual request. Furthermode exchange personal and comm this request is accepted, the ESSILOR CANADA or its rep per month (18%/year) if their they have read the proceeding Applicant signature	s / Phone # /Fax # / S / Phone # /Fax # / S A ESSILORLUXOTTICA any, hereby certify that hereby confirm that it i The Applicant hereby pe , all covenants, agreeme bre, the Applicant hereby pe , all covenants, agreeme bre, the Applicant and the corresentative agent. The / account is not paid in fr and agree with its term Date FOR ADMINIS	CREDIT REFERENCE Account # Phone # / Fax # IGNATURE & CONS CANADA Inc. and the above informat s in their interest to rsonally guarantee, fat ents and undertaking the Company autho all personal agents in npany will pay all o Applicant and the Co ull after 30 days of i s. They hereby autho Company signat (Signing officer of	Member Number CES # / Account # # / Account # # / Account # EXTENSION Company rise ESSILOR CAN or order to establish or order to establish or order to establish or purchases acco ompany also agree nvoicing. The Appli orise Essilor to oper ure of your company)	the best of their knowledg transaction of purchase ar and not merely as surety, to to ESSILOR CANADA purs IADA or its assignee to ob or check their financial situa rding to the terms agreed to pay administration fees of cant and the Company cert an account and they sign: Date	e. The nd sale and in uant to otain or ation. If to with of 1.5%
Bank Institution Name / Address 1 - Laboratory Supplier Name 2 - Other Lens Supplier Name 3 - Other Lens Supplier Name In order to request credit from the Applicant and the Company contemplated in the request. T favour of ESSILOR CANADA the actual request. Furthermoder exchange personal and comm this request is accepted, the ESSILOR CANADA or its rep per month (18%/year) if their they have read the proceeding Applicant signature Credit Limit	s / Phone # /Fax # / S / Phone # /Fax # / S A ESSILORLUXOTTICA any, hereby certify that hereby confirm that it i The Applicant hereby pe , all covenants, agreeme bre, the Applicant hereby pe , all covenants, agreeme bre, the Applicant and the corresentative agent. The / account is not paid in fr and agree with its term Date FOR ADMINIS	CREDIT REFERENCE Account # Phone # / Fax # IGNATURE & CONS CANADA Inc. and the above informat s in their interest to rsonally guarantee, fat ents and undertaking the Company autho all personal agents in npany will pay all o Applicant and the Co ull after 30 days of i s. They hereby autho Company signat (Signing officer of	Member Number CES # / Account # # / Account # # / Account # EXTENSION Company rise ESSILOR CAN or order to establish or order to establish or order to establish or purchases acco ompany also agree nvoicing. The Appli orise Essilor to oper ure of your company)	the best of their knowledg transaction of purchase ar and not merely as surety, to to ESSILOR CANADA purs IADA or its assignee to ob or check their financial situa rding to the terms agreed to pay administration fees of cant and the Company cert an account and they sign: Date	e. The nd sale and in uant to otain or ation. If to with of 1.5%