



NEW ACCOUNT APPLICATION

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(Confidential)

SELECT LABORATORY OF CHOICE

- | | | |
|--|--|---|
| <input type="checkbox"/> Aries Optical | <input type="checkbox"/> KW Optical | <input type="checkbox"/> Pioneer Optical |
| <input type="checkbox"/> Groupe Vision Optique | <input type="checkbox"/> OPSG | <input type="checkbox"/> R&R Optical Lab |
| <input type="checkbox"/> Eastern Optical | <input type="checkbox"/> Optique de l'Estrie | <input type="checkbox"/> Stock Club / RX Club |
| <input type="checkbox"/> Essilor | <input type="checkbox"/> Optique Lison | <input type="checkbox"/> Essilor Source |
| <input type="checkbox"/> Essilor-Instrument Div. | <input type="checkbox"/> Perspectics Lab | <input type="checkbox"/> VisionStyle |

GENERAL INFORMATION

"Applicant" Name (FIRST/MIDDLE/LAST)		S.I.N	Date of Birth YYYY/MM/DD
Residential address of "Applicant" Suite # , Street,		City	Province Postal Code
"Company" Name of Legal Entity		Commercial Name	
Company Organization ___ Sole Proprietor ___ Partnership ___ Company		Business Type ___ O.D ___ Optician ___ Safety	
#Years in business	# Years at this location	Provincial Sales Tax Exemption Number	
Billing address Suite # , Street,		City	Province Postal Code
Delivery address Suite # , Street,		City	Province Postal Code
General phone number	Accounting phone number	Fax Number : (Ordering fax number) :	

WEB ORDERING

<input type="checkbox"/> I wish to use the Web to order	_____ (Up to 10 characters) User identification
E-mail Address	Website address

BUYING GROUP MEMBER

Buying Group Name	Member Number
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CREDIT REFERENCES

Bank Institution Name / Address / Phone # / Fax # / Account #	
1- Laboratory Supplier Name	Phone # / Fax # / Account #
2- Other Lens Supplier Name	Phone # / Fax # / Account #
3- Other Lens Supplier Name	Phone # / Fax # / Account #

SIGNATURE & CONSENT

In order to request credit from Essilor Group Canada Inc. and its affiliates, herein after called "ESSILOR", the Applicant and the Company, hereby certify that the above information are correct to the best of their knowledge. The Applicant and the Company hereby confirm that it is in their interest to consummate the transaction of purchase and sale contemplated in the request. The Applicant hereby personally guarantee, as principal debtor and not merely as surety, to and in favour of ESSILOR, all covenants, agreements and undertakings of the Company to ESSILOR pursuant to the actual request. Furthermore, the Applicant and the Company authorise ESSILOR or its assignee to obtain or exchange personal and commercial information with all personal agents in order to establish or check their financial situation. If this request is accepted, the Applicant and the Company will pay all our purchases according to the terms agreed to with ESSILOR or its representative agent. The Applicant and the Company also agree to pay administration fees of 1.5% per month (18%/year) if their account is not paid in full after 30 days of invoicing. The Applicant and the Company certify that they have read the proceeding and agree with its terms. They hereby authorise Essilor to open an account and they sign:

_____	_____	_____	_____
Applicant signature	Date	Company signature (Signing officer of your company)	Date