



# NEW CUSTOMER CREDIT APPLICATION

**Account Name** \_\_\_\_\_

Individual  Corporation  Partnership  DBA

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Password: \_\_\_\_\_

\*Used for Order Confirmation

\*Create a password for online order access

Website: \_\_\_\_\_ Are you a member of a social media group?

Facebook  Linked In  Twitter

## Principal Owner(s)

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

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

MD  Optician  OD

MD  Optician  OD

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Soc. Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Soc. Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please Note: Social Security Number(s) must be provided in order to process application**

## Manufacturer Account Numbers

Vistakon (Account No.) \_\_\_\_\_

## Bank References

Bank Name: \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Account No. \_\_\_\_\_

## WI and Illinois applicants only

Do you want WVA to collect tax on taxable items?  Yes  No

If you marked no, you will need to provide us with a copy of your Certificate of Registration of Resale

## What products do you purchase in your practice?

Frames  Contacts  Ophthalmic Lens  Medical Supplies

Do you currently belong to another buying group?  Yes  No If yes, please specify: \_\_\_\_\_

## Terms and Conditions

This agreement is entered into on this day \_\_\_\_\_, 20\_\_\_\_; between \_\_\_\_\_  
(referred to as member) and Wisconsin Vision Associates, Inc. (referred to as WVA).

***The primary purpose of WVA is to provide members an opportunity to utilize the benefits of volume and/or wholesale product purchasing. The new member agrees to participate in the WVA Purchasing Plan according to the terms and conditions set forth below:***

1. To become a WVA member the applicant must be a Licensed Eyecare Provider. WVA reserves the right to obtain a written or oral report from any credit agency and review the credit of an applicant or current member. Thereafter, the prospective member will be approved or denied by WVA.
2. Each participating buying group vendor will be authorized to invoice WVA for the member's purchases. The member will place orders directly with the vendor by using an assigned WVA account number, and instruct the vendor to ship the materials directly to the member's office. Invoice information will be provided to WVA for billing purposes.
3. The member agrees to deal directly with each buying group vendor regarding any returns, credits or complaints. If the member is expecting a credit from a vendor, they must wait until it is passed on to WVA and the credit will be applied to your statement.
4. WVA has a commitment to our vendors for payment by the 10th of each month. Therefore, payment of the members' monthly statement is due in the WVA office within 10 days from statement postmark. MasterCard, Visa and Discover services are conditionally available.
5. Non-payment according to terms will result in a loss of discount, along with an additional administrative charge.
6. WVA reserves the right to charge a fee for each returned check.
7. If there is a transfer of ownership of practice or business, the member is required to give WVA written notification. The new owner assumes the existing agreement but must also submit an updated membership application. A new membership number will be assigned.
8. Each member will receive a membership number for use in ordering products. The member agrees that it will not allow any other person, office or group to use their membership number when ordering product.
9. In the event that a member is in default on any of the terms contained in this agreement, that member will reimburse WVA for all incurred attorney fees.
10. Either party may terminate this agreement without cause upon thirty (30) days prior written notice. Upon termination, the member will make no additional purchases under the plan, from the date of notice. Within thirty (30) days of the date of notice all sums due from member to WVA must be paid in full.
11. The member will hold WVA harmless and indemnify WVA against any product or other liability claims that may be brought in connection with any supplies or lab services purchased by the member under the WVA Group Purchasing Plan.
12. This agreement shall be governed by the laws of The State of Wisconsin and shall not be modified unless made in writing and signed by both parties. The undersigned individual, and owner of Member, hereby personally guarantees the performance of all obligations of member contained in this Purchasing Agreement including, but not limited to the obligation to pay all amounts required of member pursuant to the Agreement.
13. Member will arrange all shipping and handling directly with the vendor and WVA Buying Group will not serve any role whatsoever with respect to shipping and handling.
14. WVA Buying Group reserves the right to place any member's account on hold and reject any vendor's member verification until their balance is paid in full.
15. WVA Buying Group does not accept responsibility for unauthorized or improperly returned items.
16. If a WVA Buying Group member does not utilize their account for more than 6 months they may be asked to re-submit a credit application upon using their account again.
17. If you are tax exempt, please forward your sales tax certificate to the applicable vendors.

Member Name (Please Print): \_\_\_\_\_

Member Signature: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Date: \_\_\_\_\_

**As always, thank you for allowing WVA the opportunity to serve you. We appreciate it!**

**WVA USE ONLY – Approved By: \_\_\_\_\_ Date: \_\_\_\_\_**

Please fax all three pages of the completed application to Accounting at **262.763.0114**

**There are two different ways you can sign up to have your purchases billed through the WVA Buying Group.**

**1** Fill out your vendor account numbers and fax to WVA (262. 763.0114). WVA will call the vendors to have them bill your account through the WVA Buying Group. The vendors will then call you to verify the transition.

**OR**

**2** The next time you place an order with a WVA Buying Group vendor, tell them you would like to be billed through the WVA Buying Group.

**After the transition is complete you will receive all of your WVA Distribution and WVA Buying Group purchases on one monthly statement!**

Account #	Sunglasses/Frames
_____	<input type="checkbox"/> ALLISON USA
_____	<input type="checkbox"/> Alternative Eyewear
_____	<input type="checkbox"/> Aspex Eyewear - Manhattan
_____	<input type="checkbox"/> Avalon
_____	<input type="checkbox"/> Best Image Optical
_____	<input type="checkbox"/> B. Robinson Optical, Inc.
_____	<input type="checkbox"/> BBH eyewear inc.
_____	<input type="checkbox"/> Brintech, Inc.
_____	<input type="checkbox"/> Canyon Eyewear
_____	<input type="checkbox"/> Charmant Group Inc.
_____	<input type="checkbox"/> Clarity Eyewear, Inc.
_____	<input type="checkbox"/> Classique Eyewear
_____	<input type="checkbox"/> Clearvision Optical
_____	<input type="checkbox"/> Colors in Optics
_____	<input type="checkbox"/> Eastern States
_____	<input type="checkbox"/> Europa International
_____	<input type="checkbox"/> I Optics, Inc.
_____	<input type="checkbox"/> i-deal optics
_____	<input type="checkbox"/> i. Frame, Inc.
_____	<input type="checkbox"/> Image Wear by Walman
_____	<input type="checkbox"/> Jonathan Cate Eyewear
_____	<input type="checkbox"/> Jonathan Paul Eyewear Ltd.
_____	<input type="checkbox"/> Jungle Eyewear
_____	<input type="checkbox"/> Kenmark Group
_____	<input type="checkbox"/> L'AMY, Inc.
_____	<input type="checkbox"/> Lawrence Eyewear, Inc.
_____	<input type="checkbox"/> Liberty Sport
_____	<input type="checkbox"/> Luxottica Group
_____	<input type="checkbox"/> Marchon Eyewear, Inc.
_____	<input type="checkbox"/> Marcolin
_____	<input type="checkbox"/> Match Eyewear
_____	<input type="checkbox"/> Modern Optical Int'l
_____	<input type="checkbox"/> Morel USA
_____	<input type="checkbox"/> NC Eyewear Inc.
_____	<input type="checkbox"/> New Millennium Eyewear
_____	<input type="checkbox"/> New York Eye
_____	<input type="checkbox"/> OGI Eyewear
_____	<input type="checkbox"/> ooh la-la de Paris Eyewear
_____	<input type="checkbox"/> Premiere Vision/Logo
_____	<input type="checkbox"/> ProDesign Denmark
_____	<input type="checkbox"/> Rem Eyewear
_____	<input type="checkbox"/> Revolution Eyewear

Account #	Sunglasses/Frames
_____	<input type="checkbox"/> Safilo USA, Inc.
_____	<input type="checkbox"/> Signature Eyewear
_____	<input type="checkbox"/> Silhouette
_____	<input type="checkbox"/> Smilen Eyewear
_____	<input type="checkbox"/> Switch Vision Corp.
_____	<input type="checkbox"/> Tura
_____	<input type="checkbox"/> Unique Optical
_____	<input type="checkbox"/> Viva International Group
_____	<input type="checkbox"/> Walman Optical
_____	<input type="checkbox"/> Wiley X, Inc
<b>Labs</b>	
_____	<input type="checkbox"/> Harbor Optical
_____	<input type="checkbox"/> Midwest Labs
_____	<input type="checkbox"/> Nassau Vision/TransAmerica
_____	<input type="checkbox"/> Opticote, Inc.
_____	<input type="checkbox"/> Pech Optical Corp.
_____	<input type="checkbox"/> Precision Optical Group
_____	<input type="checkbox"/> Precision Optics/Essilor Labs
_____	<input type="checkbox"/> Rite-Style Optical Co.
_____	<input type="checkbox"/> Seoco
_____	<input type="checkbox"/> Seiko/Pentax
<b>Accessories</b>	
_____	<input type="checkbox"/> Arch Crown, Inc.
_____	<input type="checkbox"/> California Accessories
_____	<input type="checkbox"/> Dynamic Labs
_____	<input type="checkbox"/> Fantom Optics (Diamond Glaze)
_____	<input type="checkbox"/> Hilco
_____	<input type="checkbox"/> OptiSource International/Nu-Chem
_____	<input type="checkbox"/> Ron's Optical Accessories
<b>Contact Lenses</b>	
_____	<input type="checkbox"/> Acuity One, LLC
_____	<input type="checkbox"/> BioCurve
_____	<input type="checkbox"/> Art Optical Contact Lens
_____	<input type="checkbox"/> Conforma Contact Lenses
_____	<input type="checkbox"/> Firestone Optics
_____	<input type="checkbox"/> O.C. Contact Lens Service
_____	<input type="checkbox"/> Ocu-Ease Optical Products, Inc.
_____	<input type="checkbox"/> PolyVue Distribution, Inc.
_____	<input type="checkbox"/> X-CEL Contacts

**\*If you currently utilize a vendor not on this list, please contact Katie Pingle at 800.747.9000 x8141**