



NEW CUSTOMER CREDIT APPLICATION

Updated 05/11/2017

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 LinkedIn Twitter

Principal Owner(s)

Name: _____

Name: _____

OD MD Optician

OD MD Optician

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

Applicants in the following states must complete the information below:

Arkansas, California, Illinois, Missouri, Ohio, Oklahoma, South Carolina, Tennessee, and Wisconsin 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, which needs to be recognized by your respective state.

If you marked Yes, we will collect tax on your behalf.

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. WVA has a commitment to our vendors for payment by the 10th of each month. Therefore, checks are due in the WVA office within 10 days from statement postmark.
3. 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.
4. 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.
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 you are tax exempt, please forward your sales tax certificate to the applicable vendors.

Signatures

Owner Name (Please Print): _____

Owner Name, WVA (Please Print): _____

Owner Signature: _____

Owner Signature: _____

Soc. Sec #: _____ Date: _____

Soc. Sec #: _____ Date: _____

WVA USE ONLY – Approved By: _____ **Date:** _____

Please fax all pages of the completed application to Accounting at **800.294.3270**
or you can email to **sales.support@wisvis.com**