



Bausch & Lomb Inc.  
AMSSC-Credit Dept.  
1400 N. Goodman St  
Rochester, N.Y. 14603  
Phone (800)828-9030 **Fax (716)338-8010**

Dear Customer:

Thank you for your request to open a Bausch & Lomb account. Please complete the attached customer credit application in its entirety. The person financially responsible for purchases must sign the form.

If you are a branch, subsidiary or franchise please be sure to indicate your parent company.

Please return the completed credit application via the above listed fax number or mailing address. Once your credit application is received, it will be processed immediately.

Thank you for choosing Bausch & Lomb products.

Yours truly,

Credit Department

**BAUSCH & LOMB**  
 Vision Care/  
 Contact Lenses

Please mail or fax to:  
 1-716-338-8010 or 716-338-5110  
 1400 North Goodman Street  
 Rochester, NY 14692-0450

Customer Number		Credit Limit:	Order Limit:	CM#:
New Account Y or N	Name Change New Owner	Name Change Same Owner	Customer Class	Customer Type
Date changed occurred			/	/

**CUSTOMER CREDIT APPLICATION**

(please complete in full)

Date: \_\_\_\_\_

Business Name		Street Address		
City	State	ZIP	Telephone	
Retail	RTA	Operating License #		Fax Number
<b>Check one of the above</b>				

Type of Ownership	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Subsidiary	Federal Tax ID#
If Branch/Subsidiary - Name Parent Company			Address of Parent Company		

**All applicants must complete:** If sole owner, name owner, if partnership, name all partners, if corporation, name president and treasurer.

Name	Title	Soc.Sec. #	Residence Address	Phone
1.				
2.				

BANK REFERENCE			
Bank Name		Account Number(s)	
Street Address	City	State	Zip

MAJOR TRADE REFERENCES			
Company Name 1.	Account #	Telephone	
Street Address	City	State	Zip
Company Name 2.	Account #	Telephone	
Street Address	City	State	Zip
Company Name 3.	Account #	Telephone	
Street Address	City	State	Zip

Has above ever filed bankruptcy?  Yes  No If yes, name of Co. & year \_\_\_\_\_

Has customer ever had an account with Bausch & Lomb?  Yes  No If yes, list #'s \_\_\_\_\_

I am/we are, or associated with, an eye care professional permitted by law to dispense contact lenses to patients. I have read and understand the terms of Bausch & Lomb's (B&L) sales policy and agree to abide by them in dealings with B&L. I/we will dispense lenses only to patients and will not resell lenses except in connection with patient dispensing. Should a credit availability be granted by B&L, all decision with respect to the extension or continuation shall be in sole discretion of B&L. B&L may terminate any credit availability within its sole discretion.

I/we the undersigned agree that: (1) All invoices will be paid according to your stated terms; (2) In the event of default, I/we will pay all collection costs and attorney's fees; (3) I/we will notify you immediately of any change in ownership or operations; (4) I/we certify that the statements made on this application are true and correct. I/we further declare that I/we have authority to apply for credit on behalf of the herein named business or individuals and hereby authorize the above named references to release credit information to Bausch & Lomb.

**Acceptance of these conditions constitutes a legal document.**

Owner or Officer Signature	Date
Name (please print)	Title
TERRITORY BUSINESS MANAGER:	VOICE MAIL:
	Date