

## NEW ACCOUNT INFORMATION

START DATE		ACCOUNT #	
BILLING CODE		SALES REP	
SALES TAX STATUS <i>IF NON-TAXABLE PLEASE ATTACH SIGNED FORM</i>			
NAME & ADDRESS			
PH:		FAX:	EMAIL:
CONTACT(S) & POSITION:			
PRACTICE HOURS & DAYS			
BUYING GROUP			
DELIVERY UPS Ground _____ UPS Red _____ RLS _____ Other _____			
SPECIAL CONDITIONS			
COMMENTS			

*Please submit your completed application via fax (816-471-4090) or email (contact@sutherlinoptical.com)*

