



Customer Account Maintenance A58  
1400 N. Goodman Street  
Rochester, NY 14609  
800-828-9030  
www.bausch.com

Dear Customer:

Thank you for your request to open an account with Bausch + Lomb. 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 application via fax to 585-338-0899. Your account will be established within 2-4 days of receipt of the credit application.

Please review the following prior to submission:

- Section B must be filled out completely – missing information could result in delays in the opening of your account.
- If your business is tax exempt, please include a copy of your Tax Certificate.
- To receive prompt notification of your new Bausch + Lomb account number, please include your *email address* on the form.

Thank you for choosing Bausch + Lomb. We look forward to providing you with excellent products and service.

Yours truly,

Customer Resource Center  
Bausch + Lomb



CREDIT APPLICATION — VISION CARE

Fax this completed form to: 866-366-9783

or mail to: B+L Inc. 1400 N. Goodman St., Customer Account Maintenance – Area 58 Rochester, NY 14609

For customer service call: 800-828-9030

Date:

INTERNAL USE ONLY
<u>For customer use if changing existing acct:</u>
Account:
<u>Circle information to change:</u>
Ownership                      Name                      Address

**Section A – Account Information**

Legal Business Name:			
DBA (if applicable)		Year Business Established:	
Office Street Address: No PO Box Address line 2:	City:		
	State:	Zip:	
Phone:	Fax:	Email:	
Operating/Practitioner License #: <b>BOTH REQUIRED</b> Name of Practicing Doctor:	Federal Tax ID or Social Sec. #: <b>REQUIRED</b>		
Sales & Use Tax Exempt Certificate #:	If Incorporated, date of Inc.:		State of Inc:
Payables Contact Person:	Phone:	Email:	
Estimated Monthly Sales:	Purchase Order Required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – (blanket PO if used):
Mailing/Billing address (if different):			
Shipping address (if different):			

**Section B - Principal Owner/Officer/Partner Information** (attach separate sheet if necessary)

Name:	Title:
Home Address:	
Name:	Title:
Home Address:	

**Section C - Bank and Trade References** (required for new accounts)

Bank	Name:	City/State:	Phone:
	Bank Officer:	Account #:	Fax:
Trade	Name:	Contact:	Phone: Fax:
Trade	Name:	Contact:	Phone: Fax:

By signing below you agree: 1) I/we agree that invoices will be paid according to invoiced stated terms. (2) In the event of default, I/we will pay all collection costs and attorney's fees whether or not suit is filed. (3) I/We will notify you immediately of any change in business name, ownership or operation. (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 B&L. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the valuation of the credit history of the applicant, hereby consents and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process. Acceptance of these conditions constitutes a legal document. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington D.C 20580 If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain, call: 800-466-7525. Bausch & Lomb 1400 N. Goodman Street, Rochester, NY 14609.

**SIGNATURE OF OWNER/OFFICER (the person signing this agreement must be authorized by the customer to enter into the terms stated above)**

<b>NAME (please print):</b>	<b>TITLE:</b>	<b>DATE:</b>
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# BAUSCH + LOMB

## AutoPay Enrollment - Credit Card Authorization Agreement

Bill To Account #:	<input type="checkbox"/> Set up new Autopay <input type="checkbox"/> Change existing credit card info.
Please return via fax to:866-366-9783 or mail to address at right.	Bausch +Lomb Inc. 1400 N. Goodman St., Customer Acct Maint. – Area 58 Rochester, NY 14609
<b>VISA, MASTERCARD, &amp; AMERICAN EXPRESS ACCEPTED</b>	
<ul style="list-style-type: none"> <li>By completing this form you are authorizing Bausch + Lomb to charge your credit card for the amount for the 'Amount Due' that is listed on the statement.</li> <li>A detailed statement showing the invoices will still be mailed to you.</li> <li>The secondary card (optional) will be used in the event that the primary card cannot be processed.</li> </ul>	
<p><b>I, as the cardholder, will be responsible for notifying the Credit Department one month in advance if cancellation of this service is required or if there are any changes to the card information listed below.</b></p>	
<p><b>Please check the day of month that you would like your payment to be processed:</b></p> <p style="text-align: center;"> <input type="checkbox"/> 5<sup>th</sup>    <input type="checkbox"/> 10<sup>th</sup>    <input type="checkbox"/> 15<sup>th</sup> </p> <p style="text-align: center;">(If no date is selected, the 10<sup>th</sup> will be entered)</p>	
<b>Primary Card</b>	<b>Secondary Card</b>
# _____ - _____ - _____ - _____	# _____ - _____ - _____ - _____
Expiration Month/Year _____ / _____	Expiration Month/Year _____ / _____
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex
<b>Billing name/address for the credit card:</b>	<b>Billing name/address for the credit card:</b>
Name _____	Name _____
Street Address _____	Street Address _____
City, St, Zip _____	City, St, Zip _____
Phone _____	Phone _____
Email (optional) _____	Email (optional) _____

\_\_\_\_\_  
Cardholder's Name PLEASE PRINT

\_\_\_\_\_  
Cardholder's Name PLEASE PRINT

\_\_\_\_\_  
Cardholder Signature (required) /Date

\_\_\_\_\_  
Cardholder Signature (required) /Date

**If you have any questions regarding payment options please call us at: 1-800-466-7525**

**We appreciate your business!**