



QUEST VISION CARE SPECIALTY LAB

NEW ACCOUNT INFORMATION WORKSHEET

STANDARD INFORMATION

Company Name:

In Business Since:

Fed. Tax ID:

Website:

Phone:

Fax:

Billing address:

City:

State:

ZIP Code:

Shipping address:

City:

State:

ZIP Code:

Contact Person/Title:

Phone:

Email:

Person responsible for A/P:

Phone:

Email:

PROPRIETORS, PARTNERS OR COMPANY OFFICERS

Name:

Title:

Phone:

Name:

Title:

Phone:

BANK REFERENCES

Bank Name:

Branch Location:

Acct #:

Contact Person:

Phone:

CREDIT CARD INFORMATION

Credit card information will never be used by Quest Optical Specialty Lab without the applicant's consent.

Credit Card #:

Expiration Date:

CVV:

First Name:

Last Name:

Billing address:

City:

State:

ZIP Code:

TRADE REFERENCES

Company Name:

Acct #:

Phone:

Company Name:

Acct #:

Phone:

Company Name:

Acct #:

Phone:



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SIGNATURES

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. The signature below shall be authority for banking and trade references to release credit information. The undersigned further agrees to pay for merchandise and/or services within the Quest Optical Specialty Lab billing terms. In the event of default, the undersigned agrees to pay reasonable attorney fees and other costs incurred in collection.

Signature:

Title:

Print Name:

Date:

Personal Guarantee For: (Company Name)

In consideration of credit being extended by Quest Optical Specialty Lab the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, and other entity the undersigned guarantor and guarantors each hereby contract and guarantee to Quest Optical Specialty Lab the faithful payment. When due, of, all accounts of said expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor and guarantors of dishonor and default by applicant with respect to any security held by Quest Optical Specialty Lab extension of time payment to applicant acceptance of partial payment and partial compromise. All other notices to which the undersigned guarantor and guarantors might otherwise be entitled and demand for payment under this guarantees.

****The use of a corporate title in no way shall affect the personal liability of this guarantee.****

Signature:

Title:

Print Name:

Date:



QUEST VISION CARE SPECIALTY LAB

BILLING AND PAYMENTS

You will receive an invoice with each job ordered from QUEST LAB. Monthly accounts are billed on the first day of each month for all work done the previous month and all payments are to be received no later than 20-th day of that month. If payment is not received 30 days from the date of the statement the account will be billed on C.O.D. terms and 4% late payment fee will be added to the statement balance. If we will not receive payment within 45 days from the statement date the account will be put on hold and additional collection cost might be added to the unpaid balance.

CREDITS

- 25% invoice credits apply for Rx change, non-adapts, customer spoilage, and edged lenses returned for scratches when supplied uncut by QUEST LAB
- 100% invoice credits apply for Rx lenses not within applicable and relevant ANSI standards when returned to QUEST LAB within 30 days from the invoice date.

QUEST AR COATING WARRANTIES

- 2 years AR coating warranty – 2 years scratch resistance and AR coating defects warranty covered 100%
- 1 year AR coating warranty – 1 year scratch resistance and AR coating defects warranty covered 50%

TERMS AND CONDITIONS FOR AR COATING WARRANTIES

Must include the original lenses along with the copy of the original invoice.

IMPORTANT NOTES

PHONE ORDERS

QUEST LAB's customer service will read back orders for customer's verification and Rx will be processed according to the way it was read back. 25% invoice credit will apply for any subsequent redos that have different Rx data.

ORDER CANCELATION

For jobs cancelled before the start of processing there is 100% credit and no restocking charge. Jobs in process where lenses are generated 30% invoice credit will be applied.

CUSTOMER SUPPLIED FRAMES

QUEST LAB is not responsible for frames broken in the process of normal process of handling and customers will have to file warranty claim with the frame manufacturers.

LAMINATED LENSES

QUEST LAB guarantees all laminated lenses against delaminating under normal use for the period of one year. It is important not to expose laminated lenses to extreme cold, heat, or sudden temperature changes.

SIGNATURE

By signing below, you fully agree and understand our terms and agree to abide by the terms set herein.

Signature:

Title:

Print Name:

Date: