



6784 Hycrest Drive, Burnaby, BC, V5B 2X2
Tel: 604.444.1122 Fax: 604.879.1167

ACCOUNT OPENING APPLICATION FORM

Business Name: _____

O.D.'s in business: 1) _____
2) _____
3) _____
4) _____

Owner / Manager: _____

Contact Person: _____

Shipping Address: _____

City: _____ Province: _____ Postal Code: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Office phone: () _____ Office fax: () _____

Office e-mail: _____

Do you have your own edging? Y N Surfacing: Y N (circle one)

Current suppliers (references): Could be lens makers, laboratories, frame suppliers etc.

BUSINESS NAME	CITY	CONTACT PERSON	PHONE
1) _____	_____	_____	_____
2) _____	_____	_____	_____

Bank Reference:
Bank name and Branch: _____

Contact Person and Phone Number: _____