



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 email the completed application to [Newcustomers@bausch.com](mailto:Newcustomers@bausch.com) or you can fax the application to 866-366-9783. Your account will be established within 2-4 days of receipt of the credit application.

**Please review the following prior to submission: missing information could result in delays in the opening of your account**

- Section B is required and must be filled out completely.
- License number and name is required. Practitioner license number and name is required to purchase contact lenses.
- Federal Tax ID or Social Security number is required.
- Section C is required for first time applicants.
- Tax exemption must be verified. If your business is tax exempt, please include a copy of your Tax Exemption Certificate.

**To receive prompt notification of your new account number, please include your email address on the application.**

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

Yours truly,  
Customer Resource Center



CREDIT APPLICATION – VISION CARE EYE CARE PROFESSIONALS  
 Email completed form to [Newcustomers@bausch.com](mailto:Newcustomers@bausch.com) or fax to 866-366-9783  
 For customer service call: 800-828-9030  
 B+L Inc. 1400 N. Goodman St., Customer Account Maintenance – Area 58 Rochester, NY 14609

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

Date:

**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:	
Operating/Practitioner License #: <b>BOTH REQUIRED</b>		Federal Tax ID or Social Sec. #: <b>REQUIRED</b>	
Name of Practicing Doctor:			
Sales & Use Tax Exempt Certificate #:		If Incorporated, date of Inc.: / State of Inc:	
Payables Contact Person:		Phone:	
		<b>Email:</b>	
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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