

# **ESCHENBACH OPTIK** **CUSTOMER INFORMATION FORM-CANADA**



Date: \_\_\_\_\_

\*Business Name: \_\_\_\_\_

<p><b>*Bill-To:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>*Ship-To:</b> (If multiple locations, please add separate sheet)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

How did you hear about Eschenbach/Ash Technologies? \_\_\_\_\_

\*Tel: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*E-Mail address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Person dispensing Low Vision Product: \_\_\_\_\_

License No. (primary L.V. Provider): \_\_\_\_\_ \*Federal Tax ID# \_\_\_\_\_

\*Are you tax exempt? \*\*Yes\_\_\_ No\_\_\_ \*\* If yes, you must include copy of exempt certificate

\*Accounts Payable contact person: \_\_\_\_\_ Ext: \_\_\_\_\_

\*Do you prefer your invoices/statements emailed or faxed to you instead of mailed?

Please check choice: email\_\_\_ fax\_\_\_ regular mail\_\_\_

**\*Type of Business (please check one):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ophthalmology (MD)  | <input type="checkbox"/> Optometry (OD)             | <input type="checkbox"/> Optician (OP) |
| <input type="checkbox"/> Agency (AG)   | <input type="checkbox"/> School/University (SL)     | <input type="checkbox"/> Library (LB)  |
| <input type="checkbox"/> Veterans Administration (VA)  | <input type="checkbox"/> Occupational Therapy (OT)  | <input type="checkbox"/> Retail (RT)   |
| <input type="checkbox"/> Durable Med. Equipment (DM)   | <input type="checkbox"/> Government [non-VAMC] (GO) |  |
| <input type="checkbox"/> Video Dealer /Adaptive Equip. Dealer <input type="checkbox"/> Other (please specify): _____ |   |  |

**\*Supplier Credit References**

1. Name: \_\_\_\_\_ Acct#: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Acct# \_\_\_\_\_ Fax#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Acct# \_\_\_\_\_ Fax #: \_\_\_\_\_

**\* These fields must be filled in to complete the account set up !**

22 Shelter Rock Lane, Danbury, CT 06810 Tel: (800) 487-5389 Fax - (888) 799-7200 [customerservice@eschenbach.com](mailto:customerservice@eschenbach.com)  
P.O. Box 9474, Postal Station A, Toronto, ON M5W 4E1