

NEW CUSTOMER ACCOUNT FORM:

To set up an account with Pech Optical fill out form below and fax to 800-227-3081

Date: _____

Title 1: _____

Title 2: _____

Addr 1: _____

Addr 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____

Doctor(s): _____

Owner (if different from above): _____

If you have not already received Pech price book(s) which would you like to have included with your welcome packet: ☐ C&E ☐ UNCUT

Preferred method of shipping:

☐ UPS Overnight ☐ UPS 2nd Day ☐ UPS Ground ☐ DHL
☐ Crystal Courier (Colorado only) ☐ ASAP (Nebraska only) ☐ Post Office

Method of billing (*Buying Group*): _____

Are you affiliated with any current Pech account or office? _____

Additional information needed: _____

Do you prefer any of the following automatic services (check all that apply):

☐ Automatic Cote on CR-39 ☐ Equithin on Progressives - Amount: _____
☐ Optimization on Wrap Frames ☐ Polish Edges on Rimless - HIGH or LOW

FOR INTERNAL USE ONLY:

Account #: _____ Bill To: _____

Territory: _____ Group #: _____

Sales Rep: _____