

PECH NEW CUSTOMER ACCOUNT FORM:

Initials

Date: _____

NEW

PROSPECTIVE

INACTIVE

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
 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 Polish Edges on Rimless - HIGH or LOW
 Optimization on Wrap Frames

Would you like to receive monthly reports: YES NO Sent to ATTN: _____

Preferred method of receiving monthly reports: EMAIL MAIL FAX

FOR INTERNAL USE ONLY:

Account #: _____ Bill To: _____ Group #: _____

Territory: _____ Sales Rep: _____