

CUSTOMER APPLICATION FORM

Alcon Laboratories, Inc.
6201 South Freeway - TC-21
Fort Worth, Texas 76134 USA

Attention: Data Management TC-21
Phone: 1-800-862-5266 Ext. 31587
Fax: 1-800-757-4954 E-Mail: cust.profileSG/OPH@alconlabs.com

BILLING INFORMATION - SELECT ONE:

Direct Billing Buying Group - **PRE-APPROVAL REQUIRED/CONTACT BUYING GROUP (For Contact Lenses Only)**

Buying Group Name: _____ Member #: _____

SHIP TO ADDRESS	
ACCOUNT NAME:	
ATTN:	
ADDRESS:	
CITY:	
STATE:	ZIP:
COUNTY:	
CONTACT NAME/TITLE:	
PHONE: ()	EXT.
FAX: ()	
EMAIL ADDRESS:	
POST MARKETING ACTION COORDINATOR, NAME/PHONE:	

BILL TO ADDRESS	
ACCOUNT NAME:	
DATE STARTED:	
ATTN:	
ADDRESS:	
CITY:	
STATE:	ZIP:
COUNTY:	
CONTACT NAME/TITLE:	
PHONE: ()	EXT.
FAX: ()	
BUSINESS WEBSITE:	
EMAIL ADDRESS:	
ACCOUNTS PAYABLE CONTACT/PHONE:	

LICENSING INFORMATION	
NAME OF LICENSED PRESCRIBER:	
PHYSICIAN STATE LICENSE #: (COPY OF LICENSE MUST BE ATTACHED)	
SPECIALTY (ie. ophthalmology, optometry, etc.):	
IF AN OPHTHALMOLOGIST PLEASE INDICATE ONE OF THE FOLLOWING SUBSPECIALTIES: <input type="checkbox"/> RETINA SPECIALIST <input type="checkbox"/> REFRACTIVE ONLY SPECIALIST <input type="checkbox"/> OTHER:	
DEA #:	DEA EXPIRATION DATE:
GLN # (GLOBAL LOCATION NUMBER) if applicable	
HIN # (HEALTH INDUSTRY NUMBER) if applicable	
LICENSE PERMIT #:	EXPIRATION DATE:
(legally authorizing the receipt of prescription drugs/devices) i.e. State Board of Pharmacy, etc.	

ORDERING INFORMATION

WHAT ALCON PRODUCTS ARE YOU INTERESTED IN PURCHASING? OVER-THE-COUNTER PRODUCTS (I.E. OPTI-FREE®, SYSTANE®, etc.)
 PHARMACEUTICAL PRODUCTS SURGICAL PRODUCTS CONTACT LENSES OTHER

ARE YOU INTERESTED IN ORDERING CONTACT LENSES AND/OR CONTACT LENS CARE VIA MYALCON.COM? NO YES

ARE YOU CURRENTLY WORKING WITH AN ALCON CONTACT? NO YES IF YES, WHO:

HAVE YOU EVER HAD AN ACCOUNT WITH ALCON? NO YES IF YES, WHEN?:

NAME: ACCOUNT NUMBER:

TYPE OF BUSINESS (CLASS CODE): HOSPITAL DR.'S OFFICE RETAILER SURGICENTER WHOLESALER OPTOMETRIST
 OPTICIAN OPHTHALMOLOGIST DISTRIBUTOR DISTRIBUTOR OTHER (PLEASE SPECIFY):

DO YOU ACCEPT BACKORDERS? NO YES

DO YOU HAVE PRODUCT DATING MINIMUM REQUIREMENTS? NO YES IF YES, SELECT: 9 months 12 months

DO YOU WANT TO TRANSMIT ORDERS VIA EDI? NO YES

DO YOU ALLOW PRODUCT SUBSTITUTIONS? NO YES

IF PRODUCT SUBSTITUTIONS ALLOWED, PLEASE INDICATE:

UPC CHANGE NO YES DIMENSION CHANGE NO YES REBATE IN/ON PACK NO YES

DELIVERY INFORMATION

DO YOU REQUIRE PRESCHEDULED DELIVERY APPOINTMENTS? NO YES

ADVANCED NOTICE REQUIREMENT: PHONE #:

FINANCIAL INFORMATION

FULL LEGAL NAME OF BUSINESS:

FORM OF BUSINESS (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, ETC.)

NUMBER OF YEARS IN BUSINESS:

STATE OF INCORPORATION OR REGISTRATION:

PRINCIPALS OR OFFICERS (list below):

NAME: TITLE:

NAME: TITLE:

NAME: TITLE:

PARENT COMPANY NAME (i.e. HEALTHSOUTH, TENET, ETC.):

YOUR BUSINESS ESTIMATED MONTHLY SALES VOLUME: \$

ESTIMATED MONTHLY PURCHASES FROM ALCON: \$

DO YOU HAVE A STATE TAX EXEMPT CERTIFICATE? NO YES IF YES, PLEASE ATTACH A COPY

HAS THE BUSINESS OR ANY OFFICERS FILED A PREVIOUS BANKRUPTCY? NO YES

IF YES, PROVIDE THE COMPANY NAME AND DATE FILED:

BANK REFERENCES

BANK NAME:

CONTACT: ADDRESS:

CITY: STATE: ZIP: PHONE:

TRADE (VENDOR) REFERENCES

COMPANY	CONTACT PERSON	PHONE #
1.		
2.		
3.		

Alcon requires that this information be provided for account consideration. Completion of this form, however, does not indicate that a request will be granted.

Customer acknowledges and agrees that the signing of this Customer Application Form shall constitute authorization under the Fair Credit & Reporting Act to Alcon and its Agents to utilize outside credit reporting agencies to provide reports on Customer in order to permit Alcon to appropriately evaluate the extension of any business credit. Alcon may also confirm trade and bank references. Customer agrees to release of information to other creditors and reporting agencies regarding Alcon's credit experience with them. This authorization will remain valid and enforceable until Customer expressly revokes said authorization in writing to Alcon.

Customer agrees to pay all charges according to the payment terms as designated on Alcon's invoices.

Terms and Conditions Agreement

Applicant agrees to pay according to terms and conditions stated herein. Creditor reserves the right to assess a monthly service charge on account paid outside of credit terms to the maximum amount permitted per jurisdiction. Creditor reserves the right to cease extension of credit without notice or to change terms of payment pursuant to any disclosure by customer according to section 409 of the Sarbanes Oxley Act. Applicant expressly agrees that it shall be liable and pay all attorneys' fees, collection costs and court fees, and any other expenses, whether or not incurred in connection with litigation, including but not limited to attorneys' fees and costs associated with the enforcement of any of the terms of this Application and attorneys' fees and costs resulting from a default under this Application.

The above information is being provided in conjunction with a request of open credit terms from Creditor and its subsidiaries, divisions and affiliates (collectively "Creditor"). I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge. The undersigned further understands that the Guaranty accompanying this Application is necessary to induce Creditor to extend credit to Applicant. If this Application is accepted by Creditor, the undersigned agrees to the terms and conditions attached to the Application and changed from time to time. The undersigned further agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with a competent jurisdiction chosen at the discretion of Creditor, without reference to conflicts of laws principles.

PRINT AND SIGN NAME (required for processing)

PRINT:

SIGN:

TITLE

DATE

FOR INTERNAL USE ONLY:

CLASS OF TRADE:

VERIFIED BY:

DATE: