



Dear Eye Care Professional:

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 make sure to indicate your parent company.

Please return the completed application via fax 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:

- The Operating license ID is a **REQUIRED** field in order to set up an account.
- Section B must be filled out completely – missing information could result in delays in the opening of your account.
- If your business is tax exempt, please include a copy of your Tax Certificate.
- To receive prompt notification of your new Bausch & Lomb account number, please include your *email address* on the form. Your email address will also be used to confirm receipt of your credit application.
- If you have a Dunn & Bradstreet (D-U-N-S) number please include it on the application.

We have also included information regarding our 'Autopay' program. This program allows you to pay your bill each month automatically by using a credit card. If you would like to enroll in this program (optional) please fill out the form and return with your application. You will continue to receive a monthly statement. We accept Visa, Mastercard, and American Express

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

Yours truly,

Customer Resource Center
Bausch & Lomb



Please mail or fax to:
 Bausch & Lomb – Vision Care
 1400 N. Goodman St.
 Area 56 – Customer Master
 Rochester, NY 14609

Fax: 866-366-9783 Phone: 800-828-9030
 585-338-0899

FOR INTERNAL USE ONLY Account Number Created:	
Customer Use	
Are you changing an existing account?	<input type="checkbox"/> Yes
Current account number:	
Reason for change?	<input type="checkbox"/> New Owner <input type="checkbox"/> New Name

Customer Credit Application – VISION CARE

Section A (Please Print)	DATE:	
Name of Applicant:		
Trade Name (Division/Subsidiary/DBA)		
Street Address: Address line 2:	City:	
	State:	Zip Code:
Phone No:	Fax No:	E-mail:
Operating License #: REQUIRED	Federal Tax ID or Social Sec. #: REQUIRED	
Business is (check one):	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
	<input type="checkbox"/> LLP	<input type="checkbox"/> LLC
	<input type="checkbox"/> Not-For-Profit Organization	
Date Business Established: /	<input type="checkbox"/> Incorporated - Date of Inc.: /	State of Inc:
Sales & Use Tax Exemption Certificate #:	D-U-N-S / D&B #:	

Do you have other accounts with Bausch & Lomb? If 'Yes', please fill in the existing account number(s) below.

Lens:	Pharma:	Lens Care:	Surgical:
-------	---------	------------	-----------

Section B

PRINCIPAL OWNERS, OFFICERS AND PARTNERS: (Attach separate sheet with additional information, if necessary.)			
Name:		Title:	
Home Address:			
Name:		Title:	
Home Address:			
Bank and Trade References (required for new accounts)			
Bank	Name: Contact person:	Address:	Phone:
		Account Number:	Fax:
Trade 1	Name:	Address:	Phone: Fax:
Trade 2	Name:	Address:	Phone: Fax:

Have you gone through BANKRUPTCY OR COMPROMISED DEBT in the last 7 YEARS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this account warehouse product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	

Bill To Address (if different from above)	Shipping Address (if different from above, please attach list if more than one)

1) All invoices will be paid according to your stated terms. (2) In the event of default, I/we will pay all collection costs and attorney's fees. (3) I/We will notify you immediately of any change in 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 the statement, please contact Bausch & Lomb, Americas Shared Service Center at 800-466-7525, 1400 N. Goodman Street, Rochester, NY 14609.

SIGNATURE OF OWNER OR OFFICER:	TITLE:
NAME (please print):	DATE:

