



YOU CAN SAVE MONEY WITH OUR PREMIUM VENDORS.

Are you aware that Vision West members can save even more money by increasing their purchase volumes with our Premium Vendors? In addition to our already low discounts, Vision West has negotiated these following "Money Saving" deals with our Premium Vendors:



*Essilor Laboratories
of America*

Vision West members receive a 26% discount off the current National Price List. **In addition, for members that average \$5,000 per month in gross lab business through any of**

the Essilor labs, will receive a 4% rebate on total discountable RX sales after all discounts are applied.*

No rebates will be paid on net packages, stock sales or 'floor' priced coatings.



Vision West members receive a 20% discount on all lines, except Christian Roth. **In addition, members that purchase at least \$3,000 per quarter will receive an additional 10% discount.***



Vision West members receive up to a 20% discount, depending on the line. **In addition, members that purchase at least \$1,500 per quarter will receive an additional 10% discount.***



Vision West members receive an 18% discount on all lines. And Aspex has 2 premium programs: **1st program Members will receive an additional 5% discount if they purchase at least \$10,000 for the year and carry a minimum of 30 pieces on their frame board.** 2nd program Members can receive free shipping from Aspex if they carry a minimum of 40 pieces with a minimum of 12 pieces from each of their 3 divisions (easy clip, easy twist, and Takumi).**

**Increase your savings by purchasing from our Premium Vendors today!
Complete and fax the TRANSFER IT NOW form on the back of this flyer or
call our Customer Service Department at 800.640.9485 for more details.**

* These additional discounts and/or rebates will be handled quarterly and will show as a credit on your Vision West statement.

** The additional discount will pass to the member as a credit on their Vision West statement at the end of the year.



VISION WEST®

www.vweye.com

Transfer It Now Form

Principal's Name (please print): _____

Practice/Fictitious Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Vision West Account: _____ Signature: _____ Date: _____

I hereby authorize Vision West to transfer my account(s) with the specified supplier(s) to Vision West billing.

TRANSFER THESE VENDORS: To transfer your existing account with any of these vendors, or to open a new account, please complete the box below.

Vendor Name	Discount	Account # to Transfer	New Account

Please return completed form to Vision West at FAX 760-806-3517
Vendor product and discount information subject to change without prior notice.