

PEN Member Vendor Account Transfer

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Thank you for transferring your vendor accounts to your PEN statement.

To transfer a vendor account: Fill out the information as instructed below, sign each filled-out page, and **return to PEN by fax at 925-838-9338.**

Questions? Please call PEN at 800-444-9230 for assistance.

Transferring an existing account? Write your current account number next to the vendor's name.

Establishing a new account with a vendor? Write "new" next to the vendor's name.

It may take up to 30-60 days for your account transfer to be completed by the vendor. When placing your next order, specify that you would like the order billed to your PEN statement and not billed directly.

Practice Name: _____ Phone: _____

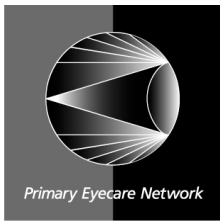
PEN ID#: _____ Contact: _____ Fax: _____

I authorize transfer of the following noted accounts to be billed through Primary Eyecare Network.

Signature: _____ Date: _____

Please check reason for account transfer: Establishing New Account Special Promotion
 First Time Order/Patient Request Other: _____

Frame Companies	Discount	Account #		Discount	Account #
Allison USA.....	10%	.....	Modern Optical Int'l	20%	.....
Altair Eyewear	10-20%	.....	Modo Eyewear	10-15%	.....
Alternative Eyewear	20%	.....	Morel USA	10-20%	.....
Aspex Eyewear Group.....	18%	.....	Ogi.....	0-20%	.....
Boutique Design Ltd.	10%	.....	Prestige Optics	15-50%	.....
Charmant Group.....	0-20%	.....	ProDesign: Denmark.....	10%	.....
Classique Eyewear, Inc	5-20%	.....	REM Eyewear	10-17%	.....
ClearVision Optical Co. ...	10-20%	.....	Revolution Eyewear	20%	.....
GUNNAR Optiks.....	10%	.....	Rodenstock	15%	.....
Kenmark Group	10-20%	.....	Safilo USA.....	8-20%	.....
Lafont Company	15%	.....	Seiko Optical Products	15%	.....
L'Amy.....	0-20%	.....	Signature Eyewear	24%	.....
Liberty Sport, Inc.	7-20%	.....	Silhouette	10%	.....
Luxottica Group	0-30%	.....	Split Vision Eyewear.....	10%	.....
Marchon.....	0-20%	.....	Symmetry Eyewear	14%	.....
Marcolin USA.....	5-20%	.....	Tura	10%	.....
Personal authorization required to transfer this account. Complete this form then call Marcolin at 800-527-9265 ext. 5116.			Viva Int'l Group.....	10-20%
Match Eyewear.....	20%			



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Fill out the account transfer information as indicated on page one, sign each page, and **return to PEN by fax at 925-838-9338**. Please call PEN at 800-444-9230 with any questions.

Practice Name: _____ Phone: _____

PEN ID#: _____ Contact: _____ Fax: _____

I authorize transfer of the following noted accounts to be billed through Primary Eyecare Network.

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Accessories	Discount	Account #
Accessories by Ron's Opt.	15%
California Accessories	20%
Nanofilm	15%	.....
Ronor Int'l, Inc	15-20%	.....

Business Services	Discount	Account #
CalChamber	8-20%	.....
Clare Computer Solutions ..	varies	..... vendor bills directly...
EyeCarePro.net	varies	.....
Eyes On Hold	15-20%	.....
OfficeMate Software	varies	..... vendor bills directly...
The Performance Edge	10%	.....
Vista Int'l Insurance	varies	..... vendor bills directly...

Pharmaceuticals	Discount	Account #
Akorn, Inc.	15-25%	.....
CYNACON/OCuSOFT	varies	.....
Focus Labs/FreshKote .....		..... Prescription Only...

Equipment	Discount	Account #
Heidelberg Engineering	varies	..... vendor bills directly...
Optos	varies	..... vendor bills directly...
Sightpath Medical	varies	.....
Synemed	varies	..... vendor bills directly...
ZeaVision	varies	..... vendor bills directly...
Zeimer Ophthalmology	varies	..... vendor bills directly...

Other Services	Discount	Account #
EyeSystems	varies	.....
Jonathan Paul Eyewear	10%	.....
OASIS Medical, Inc.	10-40%	.....
Optelec	varies	..... vendor bills directly...
OptiSource International.....	15%	.....
Seiko Pentax	20%	.....
Southwest Optical	10%	.....
Total Vision Care	varies	..... vendor bills directly...
Wink Productions, Inc.....	varies	..... vendor bills directly...