



New Account Information

Account # _____

Fax to: 402.453.0980
or 800.545.2693

Date _____

Business Name _____

Mail To Address _____

Ship To Address _____

Owner/Dr's Name/Number _____

Contact's Name/Number _____

Main Telephone _____ Fax _____

Please supply three credit/trade references:

Account Name _____ Address _____

Phone/Contact _____ Account # _____

Account Name _____ Address _____

Phone/Contact _____ Account # _____

Account Name _____ Address _____

Phone/Contact _____ Account # _____

How did you find out about B&R Optical? _____

Account Type/Pricing/Terms Notes _____

Send Rx Forms _____ Send Fax Forms _____ Send Labels _____

For Internal Use Only

Ref Cks _____ Computer _____
Mail Room _____ Sales _____