

Please complete and return to Framescape All information is held with strict confidentiality

Contact Information

Contact Name	D.O.B.	
Company Name	Email	
Street Address		
City	State	ZIP
Telephone #	FAX #	

Business Information

- How did you hear about Framescape? _____
- Primary Trade Channel (Circle one) Optical Store Optical Chain Optometrist Ophthalmologist Eye Clinic
- Estimated Annual Sales (Circle one) \$0 - \$100K \$100K - \$500K \$500K & up Years in Business
- Number of Employees Number of Locations (Please attach a list of locations and addresses)
- Business Location (Circle one) Mall Strip Department Store Free Standing
- Physical Description _____
- Location's Sq. Ft. % Devoted to retail/exam
- Top 3 Selling Prescription Frames / / /

In consideration of the mutual undertakings of the parties and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I agree by signing below that Framescape or its representatives has the option, at any time, and without giving a reason, to discontinue doing business with my account, completely or partially, including, without limitation, not providing additional eyewear or related eyewear products. I further agree that my account will have no recourse, legally or otherwise, against Framescape or its representatives for any such discontinuance and thereby waives its rights relating thereto. My account shall pay all moneys owed to Framescape within the terms stated on invoice unless otherwise agreed in writing. I further agree that if Framescape is forced to hire or associate any third parties, including attorney(s), to collect any moneys owed by my account to Framescape my account shall pay and be responsible for all of the fees and expenses of these third parties.

I represent that my account currently is not a mail order catalog, Internet optical supplier or similar type of business. I represent that I have the authority to execute this Account Summary on behalf of my account. I have read the general account information and completed this Account Summary to the best of my knowledge and my account agrees to all terms and conditions thereof. I further understand that any false or misleading information can result in my account being immediately and permanently discontinued, at any time, from doing business with Framescape.

Signature	Date
_____	_____
Title	Rep Signature
_____	_____
Print Name	Rep Print
_____	_____