

**ACCOUNT INFORMATION**

Delivery Address (Please indicate if private address)

Invoice Address (if different from delivery address)

Statement Address (if different from delivery address)

Company No (if applicable)

Optician Name	GOC Registration No ( <i>UK only</i> )
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Telephone No.	Fax No.
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E-Mail Address	Credit Limit Requested
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Bankers Name

Bankers Address

Sort Code	Account No.
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<b>PLEASE GIVE <u>TWO</u> BUSINESS REFERENCES: (NOT OTHER CONTACT LENS SUPPLIERS)</b>	
BUSINESS REFERENCE ADDRESS (1)	BUSINESS REFERENCE ADDRESS (2)

**EXPORT CUSTOMERS ONLY PLEASE COMPLETE THE FOLLOWING**

PREFERRED SHIPPING METHOD (please delete as appropriate)	<b>Small Orders</b>	INTERNATIONAL SIGN FOR / AIR MAIL / EMERALD ( <i>EIRE ONLY</i> )/ COURIER*
	<b>Large Orders</b>	*COURIER / FREIGHT FORWARDER / OTHER (please specify)
<b>VAT NO (EU only)</b>	<b>* UPS WILL BE USED IF NO COURIER IS SPECIFIED</b>	

<b>SIGNED</b>	<b>DATE</b>
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<b>NAME</b>	<b>POSITION</b>
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For immediate processing, fax your completed request to: **+44 (0)1525 370091**  
 or email: **orders@ultravision.co.uk**