

# PECH NEW CUSTOMER ACCOUNT FORM:

To set up an account with Pech Optical fill out form below and fax to 800-227-3081

Date: \_\_\_\_\_

Title 1: \_\_\_\_\_

Title 2: \_\_\_\_\_

Addr 1: \_\_\_\_\_

Addr 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Doctor(s): \_\_\_\_\_

Owner (if different from above): \_\_\_\_\_

If you have not already received Pech price book(s) which would you like to have included with your welcome packet:  C&E  UNCUT

**Preferred method of shipping:**

- UPS Overnight  UPS 2nd Day  UPS Ground  FedEx 2nd Day  
 Crystal Courier (Colorado only)  ASAP (Nebraska only)  Post Office  FedEx Overnight

Method of billing (*Buying Group*): \_\_\_\_\_

Are you affiliated with any current Pech account or office? \_\_\_\_\_

Additional information needed: \_\_\_\_\_

**Do you prefer any of the following automatic services (check all that apply):**

- Automatic Cote on CR-39  Polish Edges on Rimless - HIGH or LOW  
 Optimization on Wrap Frames

Would you like to receive monthly reports:  YES  NO Sent to ATTN: \_\_\_\_\_

Preferred method of receiving monthly reports:  EMAIL  MAIL  FAX

**FOR INTERNAL USE ONLY:**

Account #: \_\_\_\_\_ Bill To: \_\_\_\_\_ Group #: \_\_\_\_\_

Territory: \_\_\_\_\_ Sales Rep: \_\_\_\_\_