



**Australian Contact Lenses Pty. Ltd.**

Unit 6, 2 Lacey Street,  
Doveton, Victoria, 3177

Tel: (03) 9792 3127  
Toll Free: 1800 335 559  
Fax: (03) 9793 1635

## New Account Application

Account Name.....

Address.....

.....

Phone number ..... Fax.....

Statement address if different to above .....

.....

Special Instructions..... Contact name .....

### Delivery

NOD Courier Service

### If a Company

Registered Office Address.....

Australian Company Number .....

Full Names & Residential Address of Directors

A/.....

B/.....

### If a Partnership

Registered Business Name.....

Registered Business Number .....

Full Names and Residential Address of Directors

A/.....

B/.....

### New Private Label Account.

Optometrist responsible for new fittings and follow up after care

Optometrist name..... Signature .....

Optometrist phone number for verification .....

### Conditions

The purchaser must not sell Private Label lenses from any other practice than the above mentioned practice. The purchaser must not sell any product other than to persons who do not acquire the product for the purpose of re-supply. These lenses are not to be sold by direct mail or via the Internet.

Name..... Signature ..... Date .....