

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Voice) _____ Fax: _____

Contact Person: _____ Email: _____

To: Below Listed Frame Vendors

Re: Authorization to be represented by OptiGroup, Inc.

Dear Frame Vendor,

Please accept this letter as authorization to bill my frame purchases (account number as stated below) through **OptiGroup, Inc., PO Box 3065, Fairborn, OH 45324-1765**. Additionally please set up the below listed labs as authorized drop ships for my account.

	Account Number		Account Number
A & A Optical		Luxottica	
Alternative Eyewear		Marchon	
Aoyama USA		Marcolin (customer contact)	XXXXXXXXXXXXXXXXXX
ArchCrown		Millenio Occhiali	
Aspex/Manhattan		Morel	
BBH eyewear, Inc.		N C Eyewear	
California Accessories		New Millennium	
Canyon Eyewear		Premiere Vision by Logo	
Charmant		REM Eyewear	
Clear Vision		Revolution	
Continental Optical		Rodenstock	
Europa International		Ron's Optical	
Hilco		Safilo	
I Optics		Seiko	
Kenmark Optical		Signature	
L'Amy (customer contact)	XXXXXXXXXXXXXXXXXX	Silhouette	
Lantis		Switch Vision	
Lauren Eyewear		Tura	
Lawrence		United Optical	
Liberty Sport		Viva (Savvy)	

Authorized Drop Ship Laboratories:

Primary:

Address: _____

Secondary:

Address: _____

Thank You

Authorized Signature: _____

Date: _____