



VISION CARE, INC.

Fax or email completed

application to:

866-622-6868

VISNACCT@its.jnj.com

NEW ACCOUNT APPLICATION Independent Eye Care Practitioner

If applicable, please provide existing and/or previous Johnson & Johnson Vision Care, Inc. (JJVCI) Account Numbers:

For internal purposes only:
New Account #:

SHIPPING NAME AND ADDRESS

BILLING NAME AND ADDRESS (if different from shipping address)

LEGAL BUSINESS NAME:

LEGAL BUSINESS NAME:

DBA (Doing Business As) – specify name:

DBA (Doing Business As) – specify name:

Address: _____

Address: _____

City: _____

City: _____

State/Province: _____

State/Province: _____

Zip/Postal Code: _____

Zip/Postal Code: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Practitioner License Information

Owner(s) Information

Name: _____

(1) Name: _____

License Number & State/Province _____

Title: _____

MD: _____ OD: _____ OPTICIAN: _____

(2) Name: _____

OTHER (please specify): _____

Title: _____

Slit Lamp Make & Serial #: _____ (Canada Only)

Accounts Payable:

Federal Tax I.D. or GST # _____

Name: _____

Tax Exempt: YES NO

E-mail: _____

If yes, please provide a copy of certificate with application

Telephone: _____

PRACTICE PURCHASE: If this is a practice purchase, please indicate the selling practitioner's name and account number:

Practitioner's Name or Account Name: _____

Existing JJVCI Account Number: _____

Effective Date of Purchase: _____

"PAPERLESS" OPTION: _____ (check here) YES, I want to receive my financial documentation electronically.

*E-mail address: _____

*E-mail notifications will be generated when your monthly statement is available. To view online visit JNVISIONPRO.COM then **Order Center** for U.S. customers or JNVISIONPRO.CA then **Order Centre** for Canadian customers. Other financial documents such as invoices and credit memos are also available to view online.

PAYMENT OPTIONS

- Your account will be defaulted to making payments by check – see below Terms & Conditions
- To pay by credit card (Visa®, MasterCard® and American Express® accepted) you must register your credit card information via our secure Website after the completion of the application process and your account number has been assigned.
- U.S. customers go to JNVISIONPRO.COM then **Order Center** and Canadian customers go to JNVISIONPRO.CA then **Order Centre**.

1. INDIVIDUAL PERSONAL GUARANTY

IS THIS A CORPORATION (check): YES _____ NO _____ If no, you must complete and sign number 1.

I, _____, for and in consideration of your extending credit at my request to _____ (the Customer Account), guarantee prompt payment of any obligation of the Customer Account to Johnson & Johnson Vision Care, Inc., and I further agree to bind myself to pay on demand any sum which is due by the Customer Account to Johnson & Johnson Vision Care, Inc., whenever the Customer Account fails to pay same. It is understood that this guaranty shall be an absolute, continuing, and irrevocable guaranty for such indebtedness of the Customer Account.

If the guaranty indebtedness is not paid by when due, and if the guaranty is placed in the hands of an attorney for collection, or suit is brought hereon, or it is enforced through any judicial proceeding whatsoever, I shall pay all reasonable collection fees, attorney’s fees and court costs incurred by Johnson & Johnson Vision Care, Inc.

Should Johnson and Johnson, Vision Care, Inc. decide to litigate the matter, herein, Johnson and Johnson, Vision Care, Inc. retains the right to choose Duval County, FL in any matter of litigation.



 Print Name

 Signature

 Date

2. TERMS AND CONDITIONS OF SALE

Johnson & Johnson Vision Care, Inc. Products are sold either directly by the Company or through Authorized Distributors to Johnson & Johnson Vision Care, Inc. Qualified Professional and Retail Accounts solely for resale at retail to end-users.

Johnson & Johnson Vision Care, Inc. will issue statements on a monthly basis to all customers purchasing contact lens products. Current and past due invoices are reflected on the statement. Invoices are payable in accordance with Johnson & Johnson Vision Care, Inc. payment terms or depending on credit card payment schedule.

The Applicant hereby consents to allow Johnson & Johnson Vision Care, Inc. to contact the Applicant’s references and to obtain credit information through a credit bureau or other similar organizations in order to evaluate the credit worthiness of the Applicant. The Applicant agrees that Johnson & Johnson Vision Care, Inc. shall not be liable for any claim of damages as a result of the inaccuracy or incompleteness of any credit information furnished to Johnson & Johnson Vision Care, Inc. by such outside references or other credit information sources. The Applicant represents and warrants that the information contained in this Application is, to the best of the Applicant’s knowledge, complete true and accurate. The Applicant acknowledges that any failure to provide complete, true and accurate information may result in a rejection of the Application or termination of the Applicant’s Account.

I understand and agree to abide by the Johnson & Johnson Vision Care, Inc. Terms and Conditions of Sale and I confirm that my business currently complies with all federal, state and provincial laws and regulations regarding the sale or furnishing of contact lenses. I attest that my business complies with all applicable licensing/registration laws and regulations in each state or province where my business intends to sell Johnson & Johnson Vision Care, Inc. Products. I understand that this agreement and confirmation is a condition of becoming a Johnson & Johnson Vision Care, Inc. Qualified Professional.

If applicant fails to abide by terms and conditions within this agreement and the outstanding balance becomes past due, Johnson & Johnson Vision Care, Inc. will place this balance with a third-party collection agency or attorney for the purposes of recovery of any unpaid balances. Applicant agrees to pay reasonable collection fees, collection agency fees, attorney fees, and/or court cost incurred by Johnson & Johnson Vision Care, Inc.

Should Johnson & Johnson Vision Care, Inc. decide to litigate the matter, herein, Johnson & Johnson Vision Care, Inc., retains the right to choose Duval County, FL in any matter of litigation.

**Johnson & Johnson Vision Care, Inc.
Customer Policy**

The Johnson & Johnson Vision Care, Inc. Customer Policy is designed to promote patient health through the responsible and safe distribution of its contact lenses. Johnson & Johnson Vision Care Inc. products will only be sold through Qualified Professionals and Retailers that sell only to end-users based on a valid prescription, in compliance with all applicable laws and regulations regarding the sale and dispensing of contact lenses and the Johnson & Johnson Vision Care, Inc. Diagnostic Lens Policy set forth below.

Johnson & Johnson Vision Care, Inc. does not ship its Products with labeling materials that permit them to be sold over the counter. Therefore, all Qualified Professionals or Retailers, prior to delivery or shipment of the lenses to the consumer must comply with all federal and provincial laws and statutory regulations regarding the sale or furnishing of contact lenses, including prescription verification laws.

The Johnson & Johnson Vision Care, Inc. Diagnostic Lens Policy – Diagnostic lenses are only intended for trial fitting of appropriate candidates, or for the occasional replacement of torn or lost lenses. Qualified Professionals and Retailers may not (a) sell Diagnostic Lenses, (b) substitute Diagnostic Lenses for Revenue Lenses, or (c) give Diagnostic Lenses away at no charge as Product promotions for replacement contact lens sales.

Qualified Professionals and Retailers may purchase only from authorized Johnson & Johnson Vision Care, Inc. suppliers.

Qualified Professionals and Retailers must use Johnson & Johnson Vision Care, Inc. Trademarks and Brands in a manner consistent with Johnson & Johnson Vision Care, Inc. policies.

Qualified Professionals and Retailers shall not make false or misleading statements about Johnson & Johnson Vision Care Inc., its business practices or any of its Products.

Qualified Professionals and Retailers must comply with all label licenses or use restrictions on which Johnson & Johnson Vision Care, Inc. may condition the purchase or receipt of any Products.

Qualified Professionals and Retailers with direct accounts must keep their account balances with Johnson & Johnson Vision Care, Inc. in good standing.

Johnson & Johnson Vision Care, Inc. reserves the right to commission annual audits of Qualified Professionals and Retailers to assess compliance with legal obligations, diagnostic lens policy and any territorial restrictions. Johnson & Johnson Vision Care, Inc. reserves the right to terminate a Qualified Professional or Retail Account that violates this Policy. Termination does not release or forgive the Account from the obligation to pay any sum owed to Johnson & Johnson Vision Care, Inc.

Please return completed New Account Application via e-mail to VISNACCT@its.jnj.com or by fax 1-866-622-6868.

For questions contact New Accounts at:

800-874-5278 – U.S. customers

800-267-5098 – Canadian English

800-667-5099 – Canadian French



Print Name

Signature

Date

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