



QUEST VISION CARE SPECIALTY LAB

The Lab's Lab

New Account Application

To our valued customer:

In order for us to expedite the processing of this credit application we request that you complete the application fully, sign in the proper place, and return application, financial statements, and sales tax exemption certificate to above address.

Company Name: _____ Fed. Tax ID.: _____

Type of Business: _____ In business since: _____ Website: _____

Shipping Address: _____

Billing Address: _____

Contact Person/Title: _____ Telephone: _____ E-mail: _____

Person responsible for A/P: _____ Telephone: _____ E-mail: _____

Proprietors, Partners or Company officers:

1) Name: _____ Title: _____ SSN: _____ Tel.: _____

2) Name: _____ Title: _____ SSN: _____ Tel.: _____

Bank Name: _____ Branch Location: _____

Account #: _____ Contact Person/Title: _____ Tel.: _____

Trade References:

1) Company Name _____ Acct #: _____ Tel.: _____

2) Company Name _____ Acct #: _____ Tel.: _____

3) Company Name _____ Acct #: _____ Tel.: _____

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. The signature below shall be authority for banking and trade references to release credit information. The undersigned further agrees to pay for merchandise and /or services within the Quest Optical Specialty Lab billing terms. In the event of default, the undersigned agrees to pay reasonable attorney fees and other costs incurred in collection.

Signature: _____ Title: _____

Print Name: _____ Date: _____

PERSONAL GUARANTEE FOR: _____

Company name

In consideration of credit being extended by Quest Optical Specialty Lab the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, and other entity the undersigned guarantor and guarantors each hereby contract and guarantee to Quest Optical Specialty Lab the faithful payment, when due, of, all accounts of said expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor and guarantors of dishonor and default by applicant with respect to any security held by Quest Optical Specialty Lab extension of time payment to applicant acceptance of partial payment and partial compromise. All other notices to which the undersigned guarantor and guarantors might otherwise be entitled and demand for payment under this guarantees.

****The use of a corporate title in no way shall affect the personal liability of this guarantee.****

Signature: _____ Print name: _____ Date: _____

9103 132-nd Avenue North, Largo, FL 33773

Telephone: 727-581-4100

Fax: 727-581-2890

e-mail: questlab@tampabay.rr.com

www.questopticallab.com



QUEST OPTICAL SPECIALTY LAB

BILLING AND PAYMENTS

You will receive an invoice with each job ordered from QUEST LAB. Monthly accounts are billed on the first day of each month for all work done the previous month and all payments are to be received no later than the 20-th day of that month. If payment is not received 30 days from the date of the statement the account will be billed on C.O.D. terms and 4% late payment fee will be added to the statement balance. If we will not receive payment within 45 days from the statement date the account will be put on hold and additional collection costs might be added to the unpaid balance.

CREDITS

- 25%** invoice credits apply for Rx change, non-adapts, job in progress cancellation, customer spoilage, and edged lenses returned for scratches when supplied uncut by QUEST LAB.
- 100%** invoice credits apply for Rx lenses not within applicable and relevant ANSI standards when returned to Quest Lab within 30 days from the invoice date.

QUEST AR COATING WARRANTIES

QUESTAR HE: ULTRA HARD THERMAL COAT+AR+SUPERHYDRO (OLEOPHOBIC) COAT

QUESTAR H: ULTRA HARD THERMAL COAT+AR+HYDROPHOBIC

2 YEARS scratch resistance warranty. **2 YEARS** AR Coating defect warranty.

QUESTAR: AR + HYDROPHOBIC

QUESTAR E: AR + SUPERHYDRO

1 year AR Coating defect warranty effective under normal use.

1 year scratch resistance warranty to be covered at 50%.

TERMS AND CONDITIONS FOR AR COATING WARRANTIES

Must include the original lenses along with the copy of the original invoice.

IMPORTANT NOTES

PHONE ORDERS

QUEST LAB's customer service will read back orders for customer's verification and Rx orders will be processed according to the way it was read back. 25% invoice credits will apply for any subsequent redos that have different Rx data.

ORDER CANCELATION

For jobs cancelled before the start of processing there is **100%** credit and no restocking charge. Jobs in process where lenses are generated 30% invoice credit will be applied.

CUSTOMER SUPPLIED FRAMES

QUEST LAB is not responsible for frames broken in the process of normal process of handling and customers will have to file warranty claim with the frame manufacturers.

LAMINATED LENSES

QUEST LAB guarantees all laminate lenses against delaminating under normal use for the period of one year . It is important not to expose laminated lenses to extreme cold, heat, or sudden temperature changes.

By signing below, you fully agree and understand our terms and agree to abide by the terms set herein.

Name printed _____

Date _____/_____/_____

Name Signed _____

Date _____/_____/_____