NEW CUSTOMER FORM

Chadwick Optical Inc.
596 Main Street, Suite D
Schwenksville, PA 19473
(US) (800) 410-1618 (INT) +1 (267) 203-8665
accounting@chadwickoptical.com

1. Enter your information in the fillable PDF
2. Print and sign
3. Scan and email to: csr@chadwickoptical.com OR fax to: 1 (800) 468-9301
4. You will receive an email from a Chadwick team member with your account information within 24 hours during normal business hours (Mon-Fri 8am-5pm). If you have any issues, please call or email us using our contact information above.

Customer Information

COMPANY / FIRM NAME	FEDERAL ID NO. (FEIN)
DOING BUSINESS AS DBA	
BILLING ADDRESS Street, City, State, Zip Code	
SHIPPING ADDRESS Street, City, State, Zip Code (☐ Same as above)	

Contact Information

PRIMARY POINT OF CONTACT NAME		TITLE
PHONE	FAX	EMAIL (☐ Check here if remittance email)
SECONDARY POINT OF CONTACT NAME		TITLE
PHONE	FAX	EMAIL (☐ Check here if remittance email)

Payment Information

CARDHOLDER NAME	EXP DATE	
CARD NUMBER	CVC	ZIP CODE
☐ MasterCard ☐ Discover ☐ VISA ☐ AMEX ☐ Other: _____		

AUTHORIZATION By completing and returning this form, you certify that the information provided on this form is correct and you authorize Chadwick Optical, Inc. to automatically process payments using the credit card referenced above for all open invoices upon generation. You understand that no shipments will be made until payment has been successfully processed. It is your responsibility to alert Chadwick Optical, Inc. immediately (1) if there are any errors that require return or adjustment or (2) any billing or contact changes to this account. This authorization remains in effect until Chadwick Optical, Inc. receives a written cancellation or change from me or another authorized company representative and has had reasonable opportunity to act on it, which may take between seven and ten business days.

PRINTED NAME	TITLE	AUTHORIZED SIGNATURE	DATE

FOR INTERNAL USE ONLY

DATE ENTERED INTO SYSTEM	BY (First name, last name)	ACCOUNT NUMBER