



2429 Oakwood Blvd Melvindale, MI 48122 Phone 800.537.2831 Fax 800.638.8577

New Account Form:

Thank you for joining our Team. We are here to fill all your optical needs.

Please fill out the following form and fax to 800.638.8577
Please print.

Name of Practice: _____

Doctor(s) Name: _____

Office Supervisor: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Email address: _____

Contact person for Vision Web or Rx Wizard: _____

Contact person for Rx questions: _____

Preferred shipping carrier: _____

Uncuts Complete Both

Sales Rep: _____

Do you want Cherry Optical to withhold State Sales Tax? Yes No
If No, we will fax over Tax forms for you to fill out.

Once we receive your information, we will fax back your account number.

Most communications between Cherry Optical and their customers are by way of fax or email. As much as we would like to talk directly with you, we do not want to interrupt you while your making a sale.

Thank you,

Cherry Optical
Your Customer Service Team

Your Account # with Cherry Optical is: _____