



SAFILO - PREFERRED VENDOR AGREEMENT FORM

Yes, I understand all the information and would like to participate in the National Coalition of Eye Care IPA's Safilo Group Program.

Safilo USA does not encourage or discourage buying through buying groups or other associations. If you currently bill through a buying group or another association, by signing this request I acknowledge that I have not been unduly influenced by Safilo USA or its representatives to change from my existing billing arrangement. If you are requesting a change to be billed directly (from a buying group) you must submit a current credit application (attached).

Individual accounts are responsible for their own payments. To participate in this program, timely payments are a requirement. Accounts with a semi-annual return rate above 34% will incur a 4% handling fee. Each account will be reviewed semi-annually.

Discounts

- 19% - Invoice discount - House brands
- 11% - Invoice discount - Fashion lines
- 9% - Invoice discount - Designer lines
- 7% - Invoice discount - Luxury lines
- Special promotion allowance and co-op - 5% of net sales revenue if member does \$16,000 net annual purchases and maintains minimum return rate under 25% used toward yearly invoice credit or use in co-op / program.

Date _____

Account name (**print**) _____

Address _____

Phone _____ Fax _____

Account signature _____

Safilo USA account number(s) _____

Number of board spaced dedicated to Safilo USA _____

Safilo USA Representative(s) _____

This document must be signed and returned to EOM to obtain preferred vendor rebates and pricing:

By Fax: 616.878.4261

By Email: (scan and attach) rdonaghy@eyecareofmichigan.com

Sincerely,

Ruth Donaghy

Executive Director

rdonaghy@eyecareofmichigan.com

Kim Hulst

Director, Provider Relations

khulst@eyecareofmichigan.com

For questions, inquiries, contact:

Eyecare of Michigan

PO Box 359 • Byron Center • MI 49315 | Phone and Fax 888.426.1103 | www.eyecareofmichigan.com