



TURA - PREFERRED VENDOR AGREEMENT FORM

- Yes**, I understand all the information and would like to participate in the National Coalition of Eye Care IPA's Tura USA Program.

Tura 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 Tura USA or its representatives to change from my existing billing arrangement. If you are requesting a change to be billed directly (rather than 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.

Discounts

- 14% - Discount off invoice direct bill on net product sales

Additional Discount Incentives

- 2% - Additional Merchandise Credit to account - quarterly net purchases exceed \$1,250 per that quarter
- 2% - An additional Merchandise Credit to account - quarterly net production exceeds \$2,500 in quarter

Date _____
Account name **(print)** _____
Address _____
Phone _____ Fax _____
Account signature _____
Tura USA account number(s) _____
Tura 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:

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