Redd Optical
Laboratories

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Customer Engagement Form

Thank you for your interest in becoming a customer of ours. It is our policy that a New Customer Engagement Form is completed by all our new customers. Information provided in this form enables us to approve your account and enter your information into our database. If the terms of our engagement are acceptable, please sign below and return to our office. Please contact this office immediately if you do not understand, or wish to discuss, any aspect of the terms of this engagement.

Section 1. - Type of Entity

Optometrist: ☐ Ophthalmologist: ☐ Private Organisation: ☐ Hospital/ Clinic: ☐ NGO: ☐

Other: _____

Entity Physical Address: .....

Telephone numbers: ..... Cell: .....

Section 2. - Applicant Information

Registered business name: ..... Trade name:.....

Date of Incorporation: ..... VAT number:.....

Income tax number: ..... Contact Person: .....

Email Adress: ..... Prefered payment terms: .....

Section 3.

How did you hear about our company?

Referral: ☐ Redd Optical Marketing: ☐ Internet: ☐

Other: _____

Section 4. - General Terms

(1) The Business will ensure that all products/ services are provided in accordance with agreed time frame and to a professional standard. (2) This engagement will start upon acceptance of the terms of engagement by The Customer as noted by execution of this form. (3) In conducting this engagement, information acquired by us during the engagement is subject to strict confidentiality requirements. This information will not be disclosed by us to other parties except as required or allowed for by law, or with your express consent. (4) Redd Optical may at any time ammend certain conditions subject to giving written notice. Any ammendments will not constitute a cancellation of this agreement. (5) An itemised account of all charges, costs and disbursements will be provided on the invoice. If you are satisfied with the terms of our engagement, would you please sign and date both copies of this form.

Section 5. - Customer

Signed on this: ..... day of..... 20.....

for and behalf of: .....

Director (name)..... Signature.....

We thank you for your interest in our business and we look forward to developing a strong relationship with you for many years to come. Your feedback is valuable to us in enhancing our products/ services and serving you better.

Aproved payment terms: .....

Approved by..... Signature.....

Date: .....