

The Eye and Vision Center
Safety Plus Program and Eyecare Advantage Program
Payment Form
Please Fax to 888-299-4619 when completed

Company Name _____ Contact _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Plans covered

- ☐ Safety Plus Program
☐ Eyecare Advantage Program

Select method of payment:

- ☐ Invoice
 ☐ P.O. Number: _____
- ☐ Credit Card (Feel free to provide information via phone)
 ☐ MasterCard
 ☐ Visa
 ☐ Discover

Card Number : _____ Exp. Date _____

Name on card: _____

Billing address (if different than above): _____

Terms and Conditions for services provided related to the Safety Plus Program or Eyecare Advantage Program:

1. Terms of payment for all non credit card purchases shall be net 30 days.
2. Late payments may be subject to a 10% per month fee or up to the maximum amount allowed by law.
3. The customer, the undersigned, hereby authorizes The Eye and Vision Center PLLC, to charge my/our credit card (if selected above) for charges related to the purchase of eye and vision services.
4. This authorization will remain in effect for 1 year from date below and will automatically renew for subsequent 1 year periods unless either party notifies the other in writing.
5. Given the numerous lines of work our customers are involved in, The Eye and Vision Center is not responsible for ensuring that proper type safety eyewear protection is purchased for a particular field of use. Customer is responsible for ensuring correct type of eyewear is purchased and that it is maintained in proper working order.
6. If it is determined by a court or other competent body that the provisions of this agreement is invalid or not enforceable under state or other law, such invalidity or unenforceability shall not invalidate the entire agreement.
7. This agreement shall be governed by the State of Oklahoma.

I, _____, hereby agree to the terms and conditions set forth above.

Signature: _____

Date: _____

Title: _____