



PracticePlus
Reliability. Performance. Trust.

PracticePlus Enrollment Application

Enroll on-line at: www.practice-plus.net

Contact Name: _____ Date: _____

Title: _____

Office Name: _____

Office Street Address: _____

City: _____ State: _____ Zip: _____

Office Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Office phone: () _____ Office Fax: () _____

Office Email: _____

Wholesale Laboratory Suppliers:

1. Name: _____ City: _____ State: _____

2. Name: _____ City: _____ State: _____

3. Name: _____ City: _____ State: _____

#1. If individual enrollment, provide income tax information.

Social Security (Canadian Social Insurance) Number: _____

OR

#2. If office enrollment, provide business tax information.

Tax ID (Canadian GST-HST) Number: _____

Incorporated? Yes _____ No _____

If 'no', Sole Proprietor _____ or Partnership _____

Corporation, Sole Proprietor or Partnership Name: _____

Tell us about your office's current dispensing activities:

Do you currently use KODAK Progressives		Yes _____	No _____
# of Progressive Rx's/Week:	Primary Progressive:		
# of AR Rx's/Week:	Primary AR brand:		

How did you hear about PracticePlus? _____

Do you know anyone who would be interested in hearing about PracticePlus or KODAK Lenses

Name _____ Office _____ Phone _____

Name _____ Office _____ Phone _____

Complete and fax this form to Signet Armorlite at **800.467.1242** or mail to:

Signet Armorlite, Inc. Attn: PracticePlus, 1001 Armorlite Dr., San Marcos, CA 92069.

Questions? Call the PracticePlus Lens Consultants at **800.950.5367**

