



FAX Authorization Transfer Form

Would you like to join Preferred Select:

Contact Lenses: _____ Yes

Websware Professional Systems Inc.: _____ Yes

***Please fill in your existing account number for each vendor listed below to transfer your billing to Preferred Select.**

As of ___/___/___ I, authorize my account to be billed through Preferred Select.

Preferred Select Account #: _____

Business Name: _____

Principle Name _____

Business Address: _____

City, State, Zip: _____

Business Phone#: _____

Fax #: _____

E-mail: _____

Contact Name: _____

Authorized Signature: _____

Title: _____

Date: _____

Aspex

Account Number: _____

Charmant

Account Number: _____

Clear Vision

Account Number: _____

Hilco

Account Number: _____

Kenmark

Account Number: _____

Luxottica

Account Number: _____

Marchon

Account Number: _____

Marcolin

Account Number: _____

REM

Account Number: _____

Safilo

Account Number: _____

Silhouette

Account Number: _____

Tura

Account Number: _____

Viva

Account Number: _____