CORRECTION ENTERPRISES
Not Just Making It Right. Making It Better.

2020 Yonkers Road – 4240 MSC, Raleigh NC 27699
800-241-0124 ~ 919-716-3600
Fax 919-324-6234
Courier 53-71-00

Account Application Form

All fields must be completed. Employee Accounts must provide copy of work ID badge or check stub. Retired employees must provide Blue Cross/Blue Shield medical card or copy of verification of income letter.

Fax to the Attention of: _____ Date: _____

I am interested in the following: ☐ PRINT ☐ PRODUCTS ☐ OPTICAL

Please select a Category that applies:

○ State Agency ○ County Agency ○ Local Agency ○ Nonprofit ○ State Employee

○ County Employee ○ City Employee ○ Retired City Employee ○ Retired State Employee ○ Retired County Employee

BILL TO HOME ADDRESS

Name: _____

_____

_____

_____

SHIP TO DEPARTMENT EMPLOYED ADDRESS

Attention: _____

_____

_____

_____

If more than one SHIP TO address please list separately.

Contact Person and Title: _____ Federal ID # ___-_____

Email: _____@_____ Tax Exempt # _____

Work Phone # _____ Work Fax # _____

Home Phone # _____

My Purchase from NC Correction Enterprises was a result of:

☐ Referral ☐ Trade Show ☐ Catalog ☐ Internet ☐ Direct Mailing

☐ Trade Publication ☐ Customer Service Contact ☐ Sales Representative Contact ☐ Other

PAYMENTS CAN BE MADE BY CREDIT CARD, CHECK OR CERTIFIED MONEY ORDER

I understand that purchase made from Correction Enterprises for prescription eyeglasses must be paid in full at the time of pickup. I understand that payment in full is required at the time of pickup for framing and matting services. Invoices for other items not paid in full within 90 days of pick up are considered delinquent and will be subject to collective action pursuant of G.S. 143.553.

Signature: _____ Title: _____

FOR ACCOUNTING USE ONLY

Sales Representative ID	County Code	Account #	Agency Type