

PRESCRIPTION INFORMATION REQUEST FORM

Edmund Optics Inc. has made prescription information available for qualified optical designers. In order to process your request for this information, the following form must be **completed in full, signed and dated**.

Please fax or email this form signed and dated back to the engineering department for review.

Name

Title/Job Function

Company

Division/Department

Address

City, State

Country

Zip/Country Code

Phone Number

Fax Number

Email

Website

1. In which industry/market is your company involved (check all that apply)?
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Aerospace/Aviation | <input type="checkbox"/> Automation/Robotics | <input type="checkbox"/> Automotive | <input type="checkbox"/> Biomedical |
| <input type="checkbox"/> Biometrics | <input type="checkbox"/> Consulting | <input type="checkbox"/> Defense/Military | <input type="checkbox"/> Machine Vision |
| <input type="checkbox"/> Photonics | <input type="checkbox"/> Semiconductor | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Other: _____ |

2. In what specific data are you interested? (*Please reference specific stock numbers.*)

3. What is the preferred method of transmittal? Email Fax Other _____

4. What is your specific application and how do the parameters/goals relate to the data requested? Please provide a detailed explanation.

5. What kind of lens analysis and evaluation do you plan on doing with this data? Please provide a detailed explanation.

6. What optical design software do you use?

7. What is the end use of the system and where is the end destination (person, organization and location)?

8. Will this system be used for a military application? Yes No

9. Do you intend to re-export the product? Yes No
 a. if yes to above where?

10. What is the name of the representative of EO Engineering that you have spoken to regarding this application?

Customer acknowledges that the prescription information that it is asking Edmund Optics Inc. to provide is confidential, including the products to be produced by the application of the information (the "Confidential Information"), and therefore, the customer agrees that it shall only use such confidential information to determine whether it should purchase products from Edmund Optics. The customer agrees to use its best efforts to assure the confidentiality of such confidential information and prevent the unauthorized use or disclosure of such confidential information by any of its employees or agents.

Signature

Date

If approved, the requested information will be provided in the format indicated above.

FAX MESSAGE OR SEND SCAN BY EMAIL TO YOUR REGIONAL OFFICE

Regional Office	Fax Number	Email Address
Edmund Optics America	(856) 573-6840	techsup@edmundoptics.com
Edmund Optics China	+86 (0755) 2967.5436	chinasales@edmundoptics.com.cn
Edmund Optics Germany	+49-(0)721-6273733	techsup@edmundoptics.de
Edmund Optics Japan	(03) 5800-4733	tech@edmundoptics.jp
Edmund Optics Korea	+82 2 6677 9221	KRtech@edmundoptics.co.kr
Edmund Optics Singapore	(65) 6272-1763	sgtech@edmundoptics.com.sg
Edmund Optics UK	+44 (0) 1904 691569	techsup@edmundoptics.co.uk