



VSP DEALER APPLICATION

Company Contact Information (Please TYPE then PRINT this Application)

Business Name
Contact Person
Address
City
State / Province
Country
Zip code / Postal code
Phone number
Fax number
Website
Email

Company Shipping Information (If different from Company Contact Information)

Contact Person	_____
Address	_____
City	_____
State / Province	_____
Zip code / Postal code	_____
Phone number	_____
Fax number	_____

Company Profile

Years in Business	_____
Operating as	Proprietor ___ Partnership ___ Corporation ___ (Check one)
Name of Business Owner	_____
Owner Phone Number	_____



VSP DEALER APPLICATION

Franchise Dealer - Which?	
Federal Tax ID #	
State Business License #	
State Tax ID #	
State Resale License #	
Annual Sales Volume	
How many employees	

Signature of Business Owner or Manager

Signature

Date
