



MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name: \_\_\_\_\_

DBA Name: (if applicable) \_\_\_\_\_ D&B #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Purchasing: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Email: \_\_\_\_\_

Controller/CFO: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Sales Representatives: \_\_\_\_\_ Outside Reps: \_\_\_\_\_ Inside Reps: \_\_\_\_\_

Number of Customer Service Reps: \_\_\_\_\_

Number of Telemarketing: \_\_\_\_\_

Do you have additional branch locations?:  Yes  No If YES, how many: \_\_\_\_\_

Location (cities) in which other branches are located: \_\_\_\_\_

Organizational Structure:  Corporation  Sub S  Partnership  Proprietorship

Years in Business: \_\_\_\_\_ Years at this Location: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Resale/Tax Exempt #: \_\_\_\_\_ Are Products for Resale:  Yes  No

Federal ID #: \_\_\_\_\_

**Associate Member:** \$250.00 per month Franchise Fee – This fee level gives you the access to all the Vision contracts and rebates, private label products, marketing pieces, electronic catalogs, intranet, print catalogs, and promotions.

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**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**TRADE REFERENCES**

Vendor Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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Vendor Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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Vendor Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**Two (2) years financial statements must accompany this Membership Application, if not available, please state reason:**

**ANNUAL SALES VOLUME**

Total: \$ \_\_\_\_\_ Furniture: \$ \_\_\_\_\_  
 Magnetic Media/Data Storage: \$ \_\_\_\_\_ Printers, PC, Scanners, Networking: \$ \_\_\_\_\_  
 Toner/Ink: \$ \_\_\_\_\_ Office Supplies: \$ \_\_\_\_\_  
 Paper: \$ \_\_\_\_\_ Other (specify): \$ \_\_\_\_\_

Primary Market Area by County: \_\_\_\_\_

Business Mix:

Commercial (Fortune 1000):	_____ %
Commercial (Small/Medium):	_____ %
Government:	_____ %
Education:	_____ %

Do you inventory product?      Yes    No     Average value of inventory: \$ \_\_\_\_\_

Are you a member of another organization or group?      Yes    No

If YES, which group: \_\_\_\_\_

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**YOUR GOALS and OBJECTIVES**

How did you learn about Vision?

What are the key issues for you in your business right now?

What products or services do you see yourself selling in the future that you are not currently selling?

What are your motivating factors in pursuing opportunities with Vision?

Who do you view as your Competition?

Where do you envision your Company in 5,10 years?

How do you see Vision playing a role in your long-term goals and objectives?

Does your Company have a Mission Statement that you could share with us?

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**MARKETING**

Do you use a print catalog?  Yes  No

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Do you produce your own?  Yes  No

If No, what catalog do you use?

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Do you use flyers, promotional pieces, brochures?  Yes  No

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Do you create them in-house?  Yes  No

If No, who does it for you?

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Do you have a person dedicated to marketing efforts?  Yes  No

If Yes, who?

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Do you typically run marketing programs like sales spiffs and promotions?  Yes  No

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Do you find them to be motivating & successful?  Yes  No

**CURRENT PURCHASING ACTIVITY**

What are your current sources/programs for the following:

Suppliers or Product Lines	Purchases from:	Annual Volumes	If Direct with Supplier, what contract level?
	<input type="checkbox"/> Direct <input type="checkbox"/> Wholesale		
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## COMPARISON WORKSHEET

If you would like to see a comparison between your current program and Visions', identify below the items you are primarily interested in along with your current cost. Return this worksheet to Vision for comparison.

Vendor	Product or Part Number	Current cost (before, rebates, coop & cash discounts)	Current net cost (after rebates/coop)	Cost from Vision	Potential rebates/coop	Cash Discount	Net cost from Vision

## ALMOST DONE...

All the information on this application is current and correct. Vision Business Products, Inc. is free to contact the references listed above in order to establish the credit worthiness of the undersigned. In consideration for any extensions of credit, purchaser agrees to the terms and to the conditions of the sale shown on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collections.

Print Name	Signature	Title	Date
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**REMINDER: two (2) years financial statements must accompany this Membership Application.**

## FINISHED!! Please fax to Attention Mary Bunch at 407.447.4230

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