



COMPANY INFORMATION

Company Name:
Mailing Address:
City: State: Zip Code:
Contact for VBP: Email:
Phone: () Fax: ()
Web Address:

GETTING TO KNOW YOU

How did you hear about Vision Business Products?

What benefits do you feel Vision can bring in distributing your products?

What is the direction of your Company in the next 2-3 years?

What is your market?

What are your "lead" products?

How do you 'sell/go to market' with your products? Thru Dealers, Wholesalers?

Do you have a "lead" program?

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Who is the Management Team/Organizational Structure?

Who is Vision's primary point of contact?

PROGRAM/CONTRACT SPECIFICS

Pricing Level/Discount Structure?

Distribution point(s)?

FOB point?

Freight policy?

Minimum Order Amount?

Handling or small order charges?

Return policy?

Stock balancing program?

Yes No

Bid/meets comp programs?

Yes No

Electronic capabilities for ordering?

Yes No

Direct purchase or Centralized thru Vision Orlando?

Do you require Central billing?

Yes No

Rebate Program(s)?

Management fee to VBP Corp?

Is product available thru Wholesalers?

Yes No

If Yes, List which Wholesalers:

Do Wholesale purchases count towards Direct Programs?

Yes No

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MARKETING

Do you offer Market Development Funds? Yes No

Support for Conferences, Sales Training – separate funding? Yes No

Catalog – Print? Yes No

Catalog – Electronic/e-commerce? Yes No

Marketing Activities? Yes No

Do you have an image library online?: Yes No

If YES, link to the site: _____

Additional Comments: _____

CREDIT INFORMATION

Payment Terms? _____

Do you offer cash discount for early pay? Yes No

Remit to Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Contact: _____ Email: _____

Credit Application – Please provide _____

Credit limit? _____

Account #: _____

Print Name _____ Signature _____ Title _____ Date _____

FINISHED!! Please fax to Attention Mac Rogers at 407.855.7840

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