VORTEX®

THE FORCE OF OPTICS®

Prospective Dealer Questionnaire

Complete this questionnaire and return to Vortex Optics® **FAX:** 608-662-7454 **Email:** dealers@vortexoptics.com

Please understand that with the volume of new dealer requests, it takes time to thoroughly evaluate each application. Allow a minimum of ten business days for a response from Vortex Optics®.

Date: _____

Contact Person: _____ / _____
Name Title

Company Name: _____ **Years in Business:** _____

Retail Store Location Address: _____

Business Type: (Check all that apply) ☐ **Retail Store** ☐ **Online Store** ☐ **Other** (Specify) _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Information: _____ _____ _____
Daytime Phone (with area code) **FAX** (with area code) **E-mail**

Website Address: (if available) _____ **Store Hours:** _____

How did you hear about Vortex Optics®?

_____

What other optic brands do you currently carry?

_____

What is your current top selling optics brand? _____

How much do you sell in optics? _____ ($ Amount per year) **What would you anticipate selling in Vortex?** _____ ($ Amount per year)

Are you seeking terms or a pre-pay account? _____

How do you plan on selling and promoting Vortex Optics®?

_____

_____

Additional Notes:

_____

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