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Application for Discount Program USER ID

*** Educational Institutions * Governmental Agencies * Resellers**

ENTITY INFORMATION

FIRM NAME			TELEPHONE
ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
YEAR ESTABLISHED	NUMBER OF EMPLOYEES	ANNUAL SALES VOLUME (IF APPLICABLE)	
TAX STATUS OF PURCHASES <input type="checkbox"/> ITEMS ARE TAXABLE <input type="checkbox"/> ITEMS ARE TAX EXEMPT		IF EXEMPT - TAX EXEMPT NUMBER	
D-U-N-S NUMBER		OTHER IDENTIFICATION	

TYPE OF ENTITY

IF GOVERNMENTAL <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> OTHER (SPECIFY)
IF EDUCATIONAL <input type="checkbox"/> PUBLIC SCHOOL <input type="checkbox"/> COLLEGE (ACCREDITED) <input type="checkbox"/> UNIVERISTY <input type="checkbox"/> OTHER (SPECIFY)
IF BUSINESS - TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> DBA <input type="checkbox"/> OTHER (SPECIFY)

CONTACT PERSON

NAME	TITLE
TELEPHONE	EMAIL ADDRESS

FOR ALL ORGANIZATIONS

WHAT ARE THE PRODUCTS YOUR ORGANIZATION IS PRIMARILY INTERESTED IN PURCHASING FROM VADCON?

DOES YOUR ORGANIZATION HAVE A WEBSITE? IF SO, WHAT IS THE WEB ADDRESS?

FOR RESELLERS ONLY

HOW WILL OUR PRODUCTS WILL BE MARKETED BY YOUR ORGANIZATION? (CATALOG, WEBSITE, SALES, ETC.)

Submittal of form does not guarantee acceptance - if accepted you will be issued a USER ID
 USER ID and discount privilege may be terminated at anytime, for any reason, at VADCON's discretion.

I hereby certify that I am authorized to represent the entity listed above and that the information, as presented on this form, is true and complete as presented and submitted to VADCON, Inc. in order to establish discount terms with VADCON, Inc.

Authorized Signature _____ Title _____

Printed Signature _____ Date _____