

VORTEX 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: _____
Phone (with area code) FAX (with area code) E-mail

Website Address: _____ 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:

