



Corporate Resolution

Secretary's Certificate Regarding Corporate Resolution (Profit or Nonprofit)

Account Information

Official Full Name of Corporation

Line of Business

Taxpayer ID Number

Account Legal Address

(Required Information - NO P.O. Boxes)

Account information will be mailed to the legal address (or mailing address if different) listed below.

Address

City, State, Zip

Province (if applicable)

Country

Account Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

Government ID

Foreign Entities Only (please attach a copy)

Type of Document

Country of Issuance

Government Issued Identification Number

Vision Account Number: _____ - ____

Authorized Individual Information

Authorized Individual Name	Title
Date of Birth (MM/DD/YYYY)	Social Security Number or Taxpayer ID Number
U.S. Drivers License Number	State of Issuance
Countries of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Indicate Countries): _____	

Mailing Address
(If different than legal address)

Address	City, State, Zip
Province (if applicable) Country	() - () - Home Telephone Work Telephone

Government ID

Foreign Citizens Only (identification document must carry an identification number and photograph) Please attach a copy.

Immigration Status: Permanent Resident Non-Permanent Resident Non-Resident

Place of Birth:

City, State/Province	Country
<input type="checkbox"/> U.S. Drivers License (Provided above) <input type="checkbox"/> NS Permanent Resident Alien Card <input type="checkbox"/> Passport with U.S. Visa <input type="checkbox"/> Passport without U.S. Visa	
<input type="checkbox"/> Foreign National Identity Document	Country of Issuance
Document Number	

Employment Status

Employed Not-Employed Retired

Name of Employer

Occupation (List source of income if retired or not employed)

Employer's Address

City, State, Zip

Province (if applicable), Country

Additional Authorized Individual Information

Authorized Individual Name

Title

Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address
(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

Government ID

Foreign Citizens Only (identification document must carry an identification number and photograph) Please attach a copy.

Immigration Status: Permanent Resident Non-Permanent Resident Non-Resident

Place of Birth:

City, State/Province

Country

U.S. Drivers License (Provided above) NS Permanent Resident Alien Card Passport with U.S. Visa Passport without U.S. Visa

Foreign National Identity Document _____

Document Number

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City, State, Zip

Province (if applicable), Country

Additional Authorized Individual Information

Authorized Individual Name

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Date of Birth (MM/DD/YYYY)

Social Security Number or Taxpayer ID Number

U.S. Drivers License Number

State of Issuance

Countries of Citizenship: U.S. Other (Indicate Countries): _____

Mailing Address
(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

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