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## General Info:

**Corporate name of retail firm/company:**

**Canadian Headquarters**

(if no Canadian HQ please indicate US HQ address responsible for Canadian Operations)

Street Address:

City:

Prov/State:

Postal Code:

**Headquarters telephone number:**

**Canadian Website English**

**Canadian Website French**

**General Email Inquiries**

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## Canadian EXECUTIVES

**Name and exact title of top company executives (i.e., president, CEO. etc.) and year appointed:**

|             | Name | Title | Year Appointed |
|-------------|------|-------|----------------|
| Executive 1 |      |       |                |
| Executive 2 |      |       |                |
| Executive 3 |      |       |                |

# OPTICAL TRADE NAMES

Please list all optical retail trade names/DBAs under which your company operated as of March 31 2018:

DBA 1:

DBA 2:

DBA 3:

DBA 4:

DBA 5:

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## Canada Store Locations & Revenue (as of March 31, 2018)

### OPTICAL Store Locations

#### DBA 1:

# of store locations By Province:

BC [ ] AB [ ] SK [ ] MB [ ] ON [ ] QC [ ]

NB [ ] NS [ ] PE [ ] YK [ ] NT [ ] NU [ ]

**Total Canada** [ ] { summed up from above } OR can overwrite if above left blank

Comments:

### DBA 1: Revenue from Canadian Operations

Please specify ( ) Canadian \$ ( ) US\$

\$

Please verify this revenue includes the following sources:

% for each category

[ ] Rx eye wear (glasses + Frames) %

[ ] Plano Sun %

[ ] Contact Lenses %

[ ] Other %

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% { should total to 100%, run totals

## DBA 2:

By Province:

BC [ ] AB [ ] SK [ ] MB [ ] ON [ ] QC [ ]

NB [ ] NS [ ] PE [ ] YK [ ] NT [ ] NU [ ]

**Total Canada** [ ] { summed up from above } OR can overwrite if above left blank

Comments:

## DBA 2: Revenue from Canadian Operations

Please specify ( ) Canadian \$ ( ) US\$

\$

Please verify this revenue includes the following sources:

% for each category

[ ] Rx eye wear (glasses + Frames) %

[ ] Plano Sun %

[ ] Contact Lenses %

[ ] Other %

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% {should total to 100%, run totals

**DBA 3:**

By Province:

BC [ ] AB [ ] SK [ ] MB [ ] ON [ ] QC [ ]

NB [ ] NS [ ] PE [ ] YK [ ] NT [ ] NU [ ]

**Total Canada** [ ] { summed up from above} OR can overwrite if above left blank

Comments:

**DBA 2: Revenue from Canadian Operations**

Please specify ( ) Canadian \$ ( ) US\$

\$

Please verify this revenue includes the following sources:

% for each category

[ ] Rx eye wear (glasses + Frames) %

[ ] Plano Sun %

[ ] Contact Lenses %

[ ] Other %

\_\_\_\_\_ % {should total to 100%, run totals

**DBA 4:**

By Province:

BC [ ] AB [ ] SK [ ] MB [ ] ON [ ] QC [ ]

NB [ ] NS [ ] PE [ ] YK [ ] NT [ ] NU [ ]

**Total Canada** [ ] { summed up from above} OR can overwrite if above left blank

Comments:

**DBA 2: Revenue from Canadian Operations**

Please specify ( ) Canadian \$ ( ) US\$

\$

Please verify this revenue includes the following sources:

% for each category

[ ] Rx eye wear (glasses + Frames) %

[ ] Plano Sun %

[ ] Contact Lenses %

[ ] Other %

\_\_\_\_\_ % {should total to 100%, run totals

**DBA 5:**

By Province:

BC [ ] AB [ ] SK [ ] MB [ ] ON [ ] QC [ ]

NB [ ] NS [ ] PE [ ] YK [ ] NT [ ] NU [ ]

**Total Canada** [ ] { summed up from above} OR can overwrite if above left blank

Comments:

**DBA 2: Revenue from Canadian Operations**

Please specify ( ) Canadian \$ ( ) US\$

\$

Please verify this revenue includes the following sources:

% for each category

[ ] Rx eye wear (glasses + Frames) %

[ ] Plano Sun %

[ ] Contact Lenses %

[ ] Other %

\_\_\_\_\_ % {should total to 100%, run totals

## **Acquisitions/ Divestitures**

**Did you have any acquisitions in in the prior 12 months ending March 31, 2018**

( ) Yes

( ) No

**Did you have any divestitures?**

( ) Yes

( ) No

**Please list ACQUISITIONS made in calendar:**

|  | <b>Company/Store Acquired</b> | <b>Headquarters Location</b> | <b>Number of Units</b> | <b>Date Acquired</b> |
|--|-------------------------------|------------------------------|------------------------|----------------------|
|  |                               |                              |                        |                      |
|  |                               |                              |                        |                      |
|  |                               |                              |                        |                      |

**Please list DIVESTURES made:**

|  | <b>Company/Store Sold</b> | <b>Headquarters Location</b> | <b>Number of Units</b> | <b>Date Divested</b> |
|--|---------------------------|------------------------------|------------------------|----------------------|
|  |                           |                              |                        |                      |
|  |                           |                              |                        |                      |
|  |                           |                              |                        |                      |
|  |                           |                              |                        |                      |

## Buyers/Merchandising/Operations Executives

Who at your company is responsible for the following product-buying decisions?

|                                     | Name | Title |
|-------------------------------------|------|-------|
| Frames                              |      |       |
| Sunglasses                          |      |       |
| Spectacle Lenses                    |      |       |
| Contact Lenses                      |      |       |
| Accessories                         |      |       |
| Lab/Lab Services                    |      |       |
| Practice Management/<br>EHR Systems |      |       |

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What would you say is the company's biggest achievement in 2017?



## **YOUR CONTACT INFO:**

**Please enter your contact info in case we have any questions about your responses:**

Your name:

Your title:

Your email:

Your phone number:

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**Thank You!**

**Please send to [Admin@vuepoint.ca](mailto:Admin@vuepoint.ca)**