

General Info:

Corporate name of retail firm/company:

Canadian EXECUTIVES
General Email Inquiries
Canadian Website French
Canadian Website English
Headquarters telephone number:
Postal Code:
Prov/State:
City:
Street Address:
Canadian Headquarters (if no Canadian HQ please indicate US HQ address responsible for Canadian Operations)

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 <u>optical</u> retail trade names/DBAs March 31 2018:	under which your company operated as of
DBA 1:	
DBA 2:	
DBA 3:	
DBA 4:	
DBA 5:	
Canada Store Locations & Rev (as of March 31, 2018)	venue
OPTICAL Store Locations	
DBA 1:	
# of store locations By Province: BC [] AB [] SK [] MB NB [] NS [] PE [] YK Total Canada [] { summed up from above Comments:	
DBA 1: Revenue from Canadian Corplease specify () Canadian \$ () US\$	perations
\$	
Please verify this revenue includes the following % for each category	sources:
[] Rx eye wear (glasses + Frames)	%
[] Plano Sun	%
[] Contact Lenses	%
[] Other	%

DBA 2:

By Prov	ince:																
BC []	AB	[]	SK	[]	MB	[]	ON	[]	QC	[]	
NB []	NS	[]	PE	[]	YK	[]	NT] []	NU	[]	
Total C	anad	la [] {	sumn	ned	up fro	om ab	ove]	OR	can	ovei	write	if abo	ove	left b	olank
Comme	nts:																
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DBA 2 Please s									Op	era	tion	S					
	эрсси	-5 (, -	, 	 φ	•	, 00	Ψ									
\$																	
Please v	erify	this	rev	enue i	includ	les t	he fo	llowin	g sc	urce	s:						
% for ea	ach ca	atego	ry														
[] Rx	eye w	vear (gla	sses -	- Fran	nes)			%	,)							
[] Plaı	no Su	n							%	, D							
[] Con	tact L	ense	S						%	ó							
[] Othe	er								%	, O							
										_							
									%	ώ {s	hould	l tot	al to	100%,	run	ı tota	ls

DBA 3:

By Prov	vince	:												
BC []	AB	[]	SK []	MB	[]	ON]]]	QC []
NB []	NS	[]	PE []	YK	[]	NT] []	NU []
Total C	anac	da [] {	summed	up fro	m abo	ove}	OR	can	ovei	write	e if above	left blank
Comme	ents:													
					rom C			Op	era	tion	S			
\$														
Please v % for ea	•			enue i	ncludes t	he fol	lowin	g so	urce	s:				
[] Rx	eye v	wear (gla	sses +	Frames)			%						
[] Plaı	no Sı	ın						%						
[]Con	tact l	Lense	S					%						
[] Othe	er							%						
									{ s					

DBA	4:															
By Prov	ince:	;														
BC []	AB	[]	SK	[]	MB	[]	ON	[]	QC []	
NB []	NS	[]	PE	[]	YK	[]	NT	[]	NU []	
Total C	anad	la [] { s	umm	ned ı	ıp fro	m abo	ove}	OR	can c	verv	vrite	if above	left bla	ank
Comme	nts:															
DBA 2 Please s									Оре	erat	ions	}				
\$																
Please v % for ea	•			nue ii	nclud	es th	ne fol	lowin	g sou	ırces	:					
[] Rx	eye v	vear (glass	ses +	Fran	nes)			%							

%

%

%

[] Plano Sun

[] Other

[] Contact Lenses

% {should total to 100%, run totals

DBA 5: By Province:] ON [] BC [] AB [SK [] MB [QC [] NS [PE [] NU [NB [YK [NT []] 1]] 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 <u>acquisitions</u> in in the prior 12 months ending March 31, 2018

() Y () N	Yes No			
Did y	you have any <u>divestiture</u> s	<u>s</u> ?		
() Y () N				
Pleas	se list ACQUISITIONS 1	nade in calendar:		
	Company/Store Acquired	Headquarters Location	Number of Units	Date Acquired
Pleas	se list DIVESTURES ma	de:		
	Company/Store Sold	Headquarters Location	Number of Units	Date Divested

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/ EHR Systems		

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:

Thank You!

Please send to Admin@vuepoint.ca