



Unincorporated Association Resolution and Certificate

Account Information

Official Full Name of Entity

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

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

Mailing Address

(If different than legal address)

Address

City, State, Zip

Province (if applicable)

Country

(____) _____ - _____
Home Telephone

(____) _____ - _____
Work Telephone

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

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Additional Authorized Individual Information

Authorized Individual Name

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Province (if applicable)

Country

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(____) _____ - _____
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Employer's Address

City, State, Zip

Province (if applicable), Country

If more than three authorized individuals, please print and complete additional pages as necessary.