



## 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**

<input type="checkbox"/> Employed <input type="checkbox"/> Not-Employed <input type="checkbox"/> 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**

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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 Country of Issuance

**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: <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 _____	
Document Number _____	Country of Issuance _____

**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