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Bank Data for Payment of Commissions to Vision Distributors in the USA

Please complete and fax or e-mail this form to us so that we can transfer commissions to your bank account in the US. All commissions will be transferred by Vision to the account you indicate.

Distributor Information:

Name (First, Last): _____

Distributor ID Number (on your contract): _____

Tel. Number: _____

Fax: _____

E-mail: _____

Bank Account Information (so we can transfer commissions to your account):

Your Bank's Name: _____

Your Bank Branch Address:

No. and Street: _____

P.O. Box (if any): _____

City: _____ State: _____ Zip Code: _____

Bank ABA No. _____

Bank SWIFT No. _____

Your Bank Account No. _____

Name of Account Owner: _____

Distributor Authorization and Signature:

Signature: _____ Date: _____

Name (Printed): _____