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## Application for Discount Program USER ID

**\* Educational Institutions \* Governmental Agencies \* Resellers**

### ENTITY INFORMATION

FIRM NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
ENTITY WEBSITE ADDRESS			
TAX STATUS OF PURCHASES <input type="checkbox"/> ITEMS TAXABLE <input type="checkbox"/> ITEMS EXEMPT	FEDERAL TAX ID#	NUMBER OF EMPLOYEES	

### TYPE OF ENTITY

IF GOVERNMENTAL <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> OTHER (SPECIFY)	YEAR ESTABLISHED
IF EDUCATIONAL <input type="checkbox"/> PUBLIC SCHOOL <input type="checkbox"/> COLLEGE (ACCREDITED) <input type="checkbox"/> UNIVERISTY <input type="checkbox"/> OTHER (SPECIFY)	
IF BUSINESS - TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER (SPECIFY)	

### CONTACT PERSON

NAME	TITLE
TELEPHONE	EMAIL ADDRESS

### IF DIVISION/SUBSIDIARY, PARENT ENTITY INFORMATION

FIRM NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP

### FOR ALL ORGANIZATIONS

PRODUCTS YOUR ORGANIZATION IS PRIMARILY INTERESTED IN PURCHASING FROM OVM?:
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### FOR RESELLERS ONLY

HOW WILL OUR PRODUCTS WILL BE MARKETED BY YOUR ORGANIZATION? (CATALOG, WEBSITE, SALES, ETC.)
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Submittal of form does not guarantee acceptance - if accepted you will be issued a USER ID  
 USER ID and discount privilege may be terminated at anytime, for any reason, at OVM's discretion.

I hereby certify that I am authorized to represent the entity listed above.

I certify the information, as presented on this form, is true and complete as presented to OVM in order to establish discounts with OVM.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Signature \_\_\_\_\_

Date \_\_\_\_\_