

DETERMINING YOUR VENDOR ALLOTMENT

Max # of Vendors: _____

Primary Vendors: 1. _____ # of reps: _____

2. _____ # of reps: _____

3. _____ # of reps: _____

4. _____ # of reps: _____

5. _____ # of reps: _____

Secondary Vendors: 1. _____ # of reps: _____

2. _____ # of reps: _____

3. _____ # of reps: _____

4. _____ # of reps: _____

5. _____ # of reps: _____



Don't Forget...

to always keep your best sellers on display.

ClearVision does the work for you with RxExpress™.

** Digital version available at cvoptical.com/downloads. **

CREATING A BRANDSPACE™ STRATEGY

INPUT YOUR IDEAL BRAND SELECTION OF MULTIPLE COLLECTIONS:

Young Men:

1. _____
2. _____
3. _____
4. _____
5. _____

Young Women:

1. _____
2. _____
3. _____
4. _____
5. _____

Men 55+:

1. _____
2. _____

Women 55+:

1. _____
2. _____

Performance Sunwear:

1. _____
2. _____
3. _____
4. _____

Fashion Sunwear:

1. _____
2. _____
3. _____
4. _____

Pediatrics:

1. _____
2. _____
3. _____
4. _____

Kids/Teens/Tweens:

1. _____
2. _____
3. _____
4. _____

Specialty:

1. _____
2. _____
3. _____
4. _____

Technology:

1. _____
2. _____
3. _____
4. _____

Adult Optical

Aspire
BCBGMAXARIA
ClearVision Collection

Ellen Tracy
Jessica McClintock
Op
Steve Madden

Sunwear

BCBGMAXARIA
Op
Steve Madden

Izod
Revo

Kids/Teens/Tweens

Izod Boys
Junction City
Op Kids
Steve Madden

Technology

BluTech
CVO Tech
Op with Pogotrack

Specialty

Aspire
BCBGMAXARIA
ClearVision
Collection

Ellen Tracy
Izod
Jessica McClintock
Steve Madden

Pediatrics

Dilli Dalli



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MONTHLY SELL-THROUGH REPORT WORKSHEET

Vendor A

Total number of frames displayed _____

Total number of frames sold per month _____

Multiply frames sold by 12 (to determine annual rate) _____

Divide annual rate by number of frames displayed _____

Sell-through rate equals _____

Vendor B

Total number of frames displayed _____

Total number of frames sold per month _____

Multiply frames sold by 12 (to determine annual rate) _____

Divide annual rate by number of frames displayed _____

Sell-through rate equals _____

[Do this math for any of your vendors]



INVENTORY SALES SHEET

Date: _____ Account #: _____ Fax to: _____

Account Name: _____ Phone: _____ Special Instructions: _____

Email: _____ Contact: _____

Shipping Option: UPS Ground UPS Next Day Courier 1st Class Mail **Confirmation #:** _____
(to be completed by ClearVision Optical)

Sale	Date	Frame Style	Color	Size	Qty.	Patient Stock	Sub.Permitted	Date Rcvd.
1.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
2.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
3.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
4.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
5.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
6.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
7.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
8.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
9.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
10.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
11.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
12.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
13.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
14.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
15.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
16.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
17.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
18.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
19.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
20.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
21.	_____	_____	_____	_____	_____	_____	O Yes O No	_____
22.	_____	_____	_____	_____	_____	_____	O Yes O No	_____

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