



Verified By Aluvision (VBA) Application

To be considered for a Verified By Aluvision designation, fill out the following form and submit to: marketing@aluvision.com. We will review your application and get back to you within 3-5 business days.

Basic Contact Information:

Applicant Name: _____

Applicant Email: _____

Applicant Phone: _____

Company Information:

Company Name: _____

Company website: _____

Main Location (City, State): _____

Other Location(s), if applicable (City, State): _____

Regions Served: _____

Services Offered (write in):

Explain your experience handling or working with Aluvision systems (write in, 500 words max):

List the date of your last Aluvision training session with a qualified Aluvision representative



List, if any, the Aluvision systems and solutions that you own/have in your inventory (write in):

If you have Aluvision products, list what they are used for (e.g. test fitting, rental inventory solutions, extra hardware to have on hand, etc.) (write in):

Contact Information to be Listed with your VBA Webpage Feature:

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Partnership Intent:

Do you plan to purchase any Aluvision products in 2026?

Yes, we're looking to invest in Aluvision solutions in 2026

No, we're happy with our current inventory of Aluvision solutions for 2026

No, not applicable

Open to a conversation with my regional sales executive

Note: Application and membership status are good for one (1) calendar year, January 1-December 31, and are subject to evaluation and renewal at the end of that calendar year.