



## WILD EYE DESIGNS

## CREDIT APPLICATION FORM

### APPLICATION FOR PAYMENT TERMS

Please complete this form to apply for net terms with Wild Eye Designs. You must place a minimum of 2 orders per calendar year and be in good standing to retain net terms.

### COMPANY INFORMATION

Company Name \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_  
Billing Address \_\_\_\_\_ Unit/Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_ State Tax ID \_\_\_\_\_

### VENDOR REFERENCES (3 REQUIRED)

1 Company Name \_\_\_\_\_ Customer No. (if applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Unit/Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

2 Company Name \_\_\_\_\_ Customer No. (if applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Unit/Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

3 Company Name \_\_\_\_\_ Customer No. (if applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Unit/Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

Please fax this form to (800) 428 0520 or email to [info@wildeyedesigns.com](mailto:info@wildeyedesigns.com)  
Allow 7 - 10 business days to process your application.