

WILD EYE DESIGNS

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 Accounts Payable _____ Contact ___ Company Name Billing Address Unit/Suite No. City _____ State _____ Zip _____ _____ State Tax ID _ Federal Tax ID VENDOR REFERENCES (3 REQUIRED) Customer No. Company Name _ (if applicable) Mailing Address Unit/Suite No. ____ Zip ___ State City Email Tel No. _ _____ Fax No. Customer No. Company Name (if applicable) Mailing Address _____ Unit/Suite No. _ _____ State _____ City _____ Zip _____ _ _____ Fax No. __ Email Tel No. Customer No. _____ (if applicable) Company Name _ Mailing Address _____ Unit/Suite No. _ _____ State _____ ____ Zip __ City Email Tel No. Fax No. Please fax this form to (800) 428 0520 or email to info@wildeyedesigns.com Allow 7 - 10 business days to process your application. E info@wildeyedesigns.com wildeyedesigns.com Suite 100

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