



CREDIT APPLICATION

DATE	REP'S NAME	REP'S NUMBER	ACCOUNT NUMBER

CUSTOMER INFORMATION

CUSTOMER NAME			
ADDRESS			
POSTAL CODE		TEL. NO.: ()	FAX NO.: ()
INTERNET ADDRESS:		E-MAIL ADDRESS:	
GST Number	PST Number	D-U-N-S Number®	
Public company? <input type="checkbox"/> YES <input type="checkbox"/> NO		Financial statements enclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINCIPALS:			
PARENT COMPANY:		SUBSIDIARY:	
YEAR ESTABLISHED:		CREDIT REQUESTED:	
ACCOUNTS PAYABLE CONTACT:			

BANK INFORMATION

NAME OF BANK		CONTACT NAME:	
ADDRESS			
POSTAL CODE		TEL. NO.: ()	FAX NO.: ()
Checking Account Number	Savings Account Number	Other Account Number	

TRADE REFERENCES

COMPANY NAME	COMPANY NAME	COMPANY NAME
CONTACT	CONTACT	CONTACT
TEL. NO.: ()	TEL. NO.: ()	TEL. NO.: ()
FAX. NO.: ()	FAX. NO.: ()	FAX. NO.: ()

We are financially able to meet any commitment we will make towards Eyedea Worx and shall pay Eyedea Worx invoices according to the agreed terms. Title to and ownership of all products, which we will purchase from Eyedea Worx, shall remain with Eyedea Worx until the purchase price thereof, and any interest thereon, are paid in full. Interest will be charged on all overdue accounts at the rate of 1.5% per month (18% per year). Eyedea Worx will not establish credit nor grant terms if personal guarantees are necessary. Our standard open terms are net 30 days.

I / we the undersigned hereby authorize Eyedea Worx or its appointed representative to obtain any information required as it relates to this application from any source to which Eyedea Worx or its representative may apply and each source is hereby authorized to provide such information upon request. Should credit be granted, the undersigned hereby guarantees and indemnifies payment of all owed amounts to Eyedea Worx.

The undersigned understands and agrees to the above.

Name of person signing on behalf of applicant company:
(PLEASE PRINT)

Title:

Date:

Signature:

Eyedea Worx

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