

CREDIT APPLICATION



BANK REFERENCE

_____	_____
Name, Address, Branch	Phone No.
_____	_____
Account Number	Fax No.

Contact	

BUSINESS REFERENCES

1	_____	_____	_____
	Business Name	Contact Name	Phone No.
2	_____	_____	_____
	Business Name	Contact Name	Phone No.

TERMS

Our credit terms are as follows:

Net 30 days from the shipping date. **The Invoice for payment will be included with your shipment as the packing list.** Please contact customer service with any special conditions to ensure proper invoice remittance.

In order to get these terms established, please supply the above requested information and sign the bottom of this form. You will be notified when your account has been established.

We understand these terms and conditions and would like to apply for a credit account.

_____/_____/_____ Date	_____ Printed Name
_____ Company Name	_____ Signature

Please mail this form to:

Eye Ride Motorwear
17526 Von Karman Ave.
Irvine, CA 92614

Or

To expedite the approval process, you may fax this form to Customer Service at **949-474-1205**
or e-mail to sales@eyeride.com

Questions? Call Customer Service at 800-572-2008