

REDEYE CREDIT APPLICATION

PLEASE FAX OR MAIL THIS FORM TO REDEYE DISTRIBUTION

DATE: _____

BUSINESS

Name _____ Address/City/Zip _____

Telephone _____ Fax _____ E-mail _____

Corporation _____ Partnership _____ Subsidiary _____ Sole Prop _____

NAME OF OWNERS/OFFICERS

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

How long in business? _____ Terms desired? _____

CREDIT REFERENCES

REFERENCES MUST INCLUDE 2 MAJOR DISTRIBUTORS AND 1 INDEPENDENT DISTRIBUTOR.

Name: _____ Contact Person _____

Address/City/Zip _____

Telephone _____ Fax _____

Name _____ Contact Person _____

Address/City/Zip _____

Telephone _____ Fax _____

Name _____ Contact Person _____

Address/City/Zip _____

Telephone _____ Fax _____

ATTN: ACCOUNTS RECEIVABLE

336.578.7300 • 336.578.7388 FAX • 449-A Trollingwood Road, Haw River, NC 27258