

EYEWEAR DESIGNS LTD.

Please complete the credit application below and email to Camille Vella at EDL.

You can also fax a printed copy to (800) 776-1076.

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TAX ID #: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

BANK INFORMATION

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT #: _____ PHONE #: _____

CONTACT NAME: _____ FAX #: _____

I, _____ authorize the release of my Bank and Credit Information to Eyewear Designs Ltd.

Print Name

SIGNATURE: _____

POSITION/TITLE: _____

TRADE REFERENCES

TRADE REFERENCE: _____ PHONE #: _____

ACCOUNT # _____ FAX #: _____

TRADE REFERENCE: _____ PHONE #: _____

ACCOUNT # _____ FAX #: _____

TRADE REFERENCE: _____ PHONE #: _____

ACCOUNT # _____ FAX #: _____

We appreciate your prompt reply to this credit application so that we can process your account.

Thank you.
Camille Vella
Credit Manager

T. (800) 645-6596
F. (800) 776-1076

cvella@eyeweardesigns.com

**CLICK HERE TO EMAIL
YOUR CREDIT APPLICATION**

Sales Rep: _____

999 S. Oyster Bay Road - Suite 310 - Bethpage, NY 11714 - T. (800) 645-6596 - F. (800) 776-1076