



EyeOn, LLC

EyeOnic technology

EyeOn Dealer Application

CUSTOMER INFORMATION FORM

Please type or print in the boxes

NAME OF COMPANY		DATE
PHONE NUMBER	FAX NUMBER	
BILLING ADDRESS		
NUMBER OF SALESPeOPLE	NUMBER OF EMPLOYEES	
WHAT GENERAL AREAS DO YOU COVER?		
MAIN CONTACT		
NAME OF SALES MANAGER	NAME OF GENERAL MANAGER	
NAME OF PURCHASING AGENT	ACCOUNTS PAYABLE	RETURNS AND CREDITS
ORIGINAL INVOICE SHOULD BE SENT TO:		
DO YOU WANT TO HAVE YOUR SHIPMENTS INSURED? YES___ NO___		
IF YES PLEASE PROVIDE DETAILS WITH REGARDS TO DOLLAR LIMITS AND ANY SPECIAL INSTRUCTIONS. PLEASE LET US KNOW IF YOU HAVE ANY OTHER SPECIAL SHIPPING REQUIREMENTS FOR WEIGHT, ROUTING, ETC.		
I certify the information provided on this form is true and correct		
DATE	PRINTED NAME	SIGNATURE



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CUSTOMER CREDIT REFERENCES

For the purposes of procuring and establishing credit the undersigned Applicant must furnish the following information, including the attached Financial Statement. Applicant represents and warrants said information is true and correct and a true and complete statement of its financial condition.

APPLICAN NAME (FIRST, MIDDLE, LAST)		
BANK NAME		
BRANCH ADDRESS		
CITY	STATE	ZIP
ACCOUNT NUMBER	TYPE OF ACCOUNT	
BANK NAME		
BANK ADDRESS		
CITY	STATE	ZIP
ACCOUNT NUMBER	TYPE OF ACCOUNT	
INDUSTRIAL SUPPLIER NAME		AMOUNT DUE
CONTACT		PHONE NUMBER
ADDRESS	STATE	ZIP
INDUSTRIAL SUPPLIER NAME		AMOUNT DUE
CONTACT		PHONE NUMBER
ADDRESS	STATE	ZIP



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MISC FINANCIAL INFORMATION

Has Applicant or any of its Owners, Principals, Partners, Officers, or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or mad an assignment for the benefit of creditors?			YES ___ NO ___
IF YES, PLEASE EXPLAIN			
ARE TAXES OWNED BY APPLICANT TO ANY TAXING AUTHORITY CURRENT?			YES ___ NO ___
HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY OF ITS OWNERS, PRINCIPALS, PARTNERS, OFFICERS OR DIRECTORS WITHIN THE PAST SIX YEARS?			YES ___ NO ___
IS APPLICANT OR ANY OF ITS OWNERS, PRINCIPALS, PARTNERS, OFFICERS OR DIRECTORS A GUARANTOR OR ENDORSER OF DEBTS OR NOTES OWED BY OTHERS?			YES ___ NO ___
DOES APPLICANT NOW HAVE A PURCHASE ORDER PENDING WITH US?			YES ___ NO ___
IF YES, WHAT IS THE APPROXIMATE AMOUNT OF THAT ORDER?			
I certify the information provided on this form is true and correct			
DATE	PRINTED NAME	SIGNATURE	