

A Child's Eyes Vendor Data Sheet & Application

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Year Business Established: _____ **At Present Location Since:** _____

CREDIT REFERENCES (Please provide three):

1. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____ **Fax Number:** _____
Email Address: _____
How long have you been doing business with this company?: _____
2. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____ **Fax Number:** _____
Email Address: _____
How long have you been doing business with this company?: _____
3. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____ **Fax Number:** _____
Email Address: _____
How long have you been doing business with this company?: _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with A Child's Eyes. I hereby agree that A Child's Eyes may investigate my record and that, if approved, A Child's Eyes may furnish this authorization to secure the information they need to establish a business relationship.

Name	Title
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OFFICE USE ONLY:

Date: _____	Acct#: _____
Credit Limit: _____	Terms: _____