



### Trade Program Application

Please complete email to [trade@eyeofthedaygdc.com](mailto:trade@eyeofthedaygdc.com) or fax to (805) 566-0478.  
If applicable, please include a copy of your resale and/or license.

**\* = Required for approval**

*Company Name:		*Contact:	
*Business Type:		License #:	
*Address:		Resale #:	
*City:		*State:	*Zip:
*Phone:	Cell:	Fax:	
*E-mail:			
Website:			

*Trade References	City	State	Zip	Phone
1.				
2.				
3.				

*Description & Date of Last Three Projects
1.
2.
3.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**For Store Use Only** Approved by \_\_\_\_\_ Date: \_\_\_\_\_ Customer # \_\_\_\_\_