

Please complete this form digitally and click the E-mail button to the right to send back to us.



# Customer Account Form

This form should be completed by Company Purchasing or Accounting Department

## Company Information

New Customer       Existing Customer

Corporate Company Information: (Used for credit approval)		Ship to: (Must select one) <input type="checkbox"/> Business Address <input type="checkbox"/> Residential Address	
Company Name:		Company Name:	
FEIN#	D&B#	Attn:	
Address 1:		Address 1:	
Address 2:		Address 2:	
City:	State:	Zip:	City:      State:      Zip:
Main Phone:	Fax:	Phone:	Ext:      Fax:

## Payment Option desired

Net 30 day terms    Credit limit requested \$ \_\_\_\_\_    Credit Card     VISA     MASTERCARD     AMEX

**Net 30 day terms are only payable by check or ACH:** To establish net 30 day credit terms, credit approval is required. Requests to establish terms are generally processed the same day as received; please fill out this form in its entirety including your Dun & Bradstreet number. You will be notified via email once your account has been set up.

**Credit cards:** Credit cards must be provided at the time of order. IDentiphoto requires a Net 30 day Purchase Order for purchases exceeding \$5,000 or a 3% credit card convenience fee may be assessed.

## Purchase Information (required)

Purchase Order Required?     Yes     No    Taxable?     Yes     No    If NO, please email state tax exempt certificate to [ardept@IDentiphoto.com](mailto:ardept@IDentiphoto.com)  
For verbal orders is there a maximum dollar amount before a PO is required?     Yes     No    If YES, enter amount here \$ \_\_\_\_\_

Authorized Purchasers for Verbal Orders:

## Invoicing Method

Our preferred method for invoicing is E-mail first followed by Fax and US Mail. E-mailed Invoices are sent as PDF attachments.

## Accounting Information

Invoice Bill to:	
Company Name:	
Address 1:	
Address 2:	
City:	State:      Zip:
Main Accounts Payable Phone Number:	
Email address for AP invoices and statements:	Invoice fax:
Accounts Payable Contact Information:	
Name of Assigned AP Representative (if any):	
Phone:	Email:
Name of Contact for AP inquiries on past due invoices (if different from above):	
Phone:	Email:



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