

## Bill To / Ship To Addresses

Bill to:			Ship to: <small>*(Must select one)</small>			Business Address	Residential Address
Company Name:			Company Name:				
Attn: Accounts Payable or			Attn:				
Address 1:			Address 1:				
Address 2:			Address 2:				
City:			City:				
State:	Zip:		State:	Zip:			
Phone:	Ext:	Fax:	Phone:	Ext:	Fax:		

## Purchase Information

<b>Federal ID #:</b> _____	<b>Taxable:</b>	Yes	No	<i><b>If NO, please fax or e-mail tax exempt form. Must be state tax or vendor number. Federal ID number not acceptable.</b></i>
<b>Purchase Order Required:</b>	Yes	No		
<b>No Purchase Order Required – list authorized purchasers:</b>				
_____	Name	_____	Phone Number	_____
_____		_____	Ext:	_____
_____		_____	Ext:	_____
_____		_____	Ext:	_____
				E-mail Address

## Payment Information

<b>Terms:</b>	Net 30 Days - Submit Dun & Bradstreet Number: _____				
	Visa	MasterCard	American Express	Prepay	ACH/Wire <small>Contact IDentiphoto for bank information</small>
<b>Invoice Procedures</b> <i>(Please check preference):</i>	E-mail (Preferred method)			Fax	
<b>E-mail Invoices To:</b> _____				<b>Fax Invoices To:</b> _____	

## Contact Information

Primary Contact Information			Accounts Payable Contact Information		
Company Name:			Company Name:		
Contact:			Contact:		
Title:			Title:		
Address 1:			Address 1:		
Address 2:			Address 2:		
City:			City:		
State:	Zip:		State:	Zip:	
Phone:	Ext:	Fax:	Phone:	Ext:	Fax:
E-mail:			E-mail:		
Would you like to receive our newsletters and sales flyers via e-mail?			Yes	No	