

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

New Customer Existing Customer

Company Information

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 2% credit card convenience fee may be assessed.

Purchase Information (required) - Does your company require the issuance of a Purchase Order in order for purchases to be made?

Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please email state tax exempt certificate to ardept@IDentiphoto.com
If NO, is there a maximum dollar amount before a PO is required? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, enter amount here \$ _____
If NO, Can anyone place an order: Yes <input type="checkbox"/> No <input type="checkbox"/> If, NO list Authorized Purchasers:

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.
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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:



1810 Joseph Lloyd Parkway • Willoughby OH 44094 • Web: www.IDentiphoto.biz • www.IDentiphoto.com
 Phone: (440) 306-9000 • Toll Free: (800) 860-9111 • Fax: (440) 306-9001 • E-mail: sales@IDentiphoto.com