

Credit Application Process and Information

The Credit Application you requested is attached. When complete, please email or fax to the number listed below:

- ▶ The completed Credit Application
- ▶ Your Purchase Order

Please note: Our minimum order to set-up an account is \$250 (\$100 minimum for educational institutions and government entities). There is no minimum for subsequent orders.

Sales Office Contact Info:

ID Wholesaler
Toll-free: (800) 321-4405 x2
Phone: (952) 852-0551
Fax: (888) 496-3390

Please send all payments to our Remit To address at:

ID Wholesaler
Attn: Accounts Receivable
PO Box 95727
Chicago, IL 60694-5727

Payment Terms:

- ▶ Net 30 (on approved accounts only)
- ▶ Credit Card (MasterCard, Visa, American Express, Discover)
- ▶ Pre-payment via Check or Wire Transfer

Our Federal Tax ID #: 83-2658236

ID Wholesaler offers Guaranteed Lowest Pricing and **free** FedEx Ground shipping on orders over \$99.00 (U.S. only).

Best regards,

Team ID Wholesaler

Billing Information

Business Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Fax Number: _____

PO# (REQUIRED): _____ Duns Number: _____

Tax ID Number: _____ In Business Since: _____

Main Line of Business: _____ Web Address: _____

Principal Authorized Officer(s)

Title

Email

Accounts Payable

Contact Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Bank Information

Bank Name: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Email: _____

Please list three (3) trade references with whom you have done business for more than one (1) year:

1) Reference Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

2) Reference Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

3) Reference Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

Authorized Officer (Signature Required): _____ Date: _____

CONDITIONS: Terms are Net 30
Please include: **'Payment Terms Net 30'** with all Purchase Orders