

APPLICATION FOR CREDIT**BILLING INFORMATION**

Business Name: _____

Address: _____

City, State, & Zip: _____

Phone: _____ Fax: _____

PO# Required? _____ Web Address: _____

Tax ID Number: _____ DUNS Number: _____

Main line of business: _____ In business since: _____

PRINCIPAL(S) AUTHORIZED OFFICER(S) TITLE

_____	_____
_____	_____
_____	_____

BANK AND TRADE REFERENCES

Bank Name: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____ Acct#: _____

PLEASE LIST (3) THREE **TRADE REFERENCES** WITH WHOM YOU HAVE DONE BUSINESS FOR MORE THAN ONE YEAR.

1) Name: _____ Phone: _____

Address: _____ Fax: _____

2) Name: _____ Phone: _____

Address: _____ Fax: _____

3) Name: _____ Phone: _____

Address: _____ Fax: _____

Officer Authorized (signature required) _____ Date: _____

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

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