



5830 NW 163rd St. Miami Lakes, FL 33014
Phone: 855.910.7143

APPLICATION FOR CREDIT

Credit Application Process and Information

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



The completed Credit Application, Your Purchase Order and Tax Exempt Certificate (if applies)

Please note: Our minimum order to set-up an account is \$500 USD (\$100 minimum for educational institutions and government entities). There is no minimum for subsequent orders.

Sales Office Contact Info:

IDWholesaler

P: 855.910.7143

E: sales@idwholesaler.com

Web: www.idwholesaler.com

Payment Remittance Info:

ACH/ WIRE

Bank : BMO Harris Bank N.A.

Bank Account: 2950152

Routing: 071000288

SWIFT: HATRUS44

Email: remittances@alphacard.com

Checks:

PO BOX 95727

Chicago, IL 60694-5727

Payment Terms:

Net 30 (on approved accounts only)

Credit Card (MasterCard, Visa, Amex and Discover)

Pre-payment via Check or Wire Transfer

Our Federal Tax ID: 83-2658236

Best Regards,

Team ID Wholesaler



APPLICATION FOR CREDIT

BILLING INFORMATION

Business Name: _____

Address: _____

City, State, ZIP: _____

Phone #: _____ Amount of Credit Line Requested \$ _____

PO# (Required) _____ DUNS #: _____

Tax ID #: _____

Main Line of Business: _____ Web Address: _____

Tax Exempt: If so, please attach tax exempt certificate. Are you a government entity? _____

Headquarter Address (if not same as above): _____

Accounts Payable:

Contact Name: _____ Email: _____

Phone #: _____

AP Manager / Escalations Contact Information:

Name: _____ Email: _____

Phone#: _____

Bank Information:

Bank Name: _____ Account Number: _____

Phone #: _____ Contact Name: _____

Email: _____

Please list (3) Three trade references with whom you have done business with for more than one year.

1. Reference Name: _____ Phone #: _____
Email: _____

2. Reference Name: _____ Phone #: _____
Email: _____

3. Reference Name: _____ Phone #: _____
Email: _____

CONDITIONS: Terms are NET 30 Please include "Payment Terms Net 30" with all Purchase Orders.

Authorized Officer : _____ Date: _____

Signature Required