



## Application for Credit

### 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 Zone  
Phone: (800) 910-5987 x2 or (952) 852-0570 x2  
Fax: (888) 496-3390

#### Please send all payments to our Remit To address at:

ID Zone  
5830 N.W. 163rd Street  
Miami Lakes, FL 33014

#### 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 #:** 46-1251026

ID Zone offers Guaranteed Lowest Pricing and **free** UPS Ground shipping (U.S. only).

Best regards,

Team ID Zone



Application for Credit

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 trade references with whom you have done business for more than one 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