

CUSTOMER SET-UP FORM

To be completed by customer's finance/accounting department

COMPANY

Company Legal Name: _____

Doing business as (DBA): _____

Legal Entity Type: C- Corporation S-Corporation LLC Partnership Sole Proprietor Other

FEIN/Tax ID #: _____

Invoice/Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Contact (Name & Title): _____

Contact email: _____

ACCOUNTS PAYABLE

A/P Contact (Name & Title): _____

A/P Contact Email: _____

- We require a completed purchase order document to process your order. Please contact your ID Label sales representative with any questions.**
- Does your company require a purchase order to process payment? Yes No
- Our payment terms are credit card or net 30 (upon credit approval). Requests for different payment terms need to be reviewed and approved by our finance department. Choose one: Credit Card Net 30
- We send our invoices electronically. We do not mail hardcopy invoices.

Provide email address/(es) to receive ID Label invoices: _____

Provide email address/(es) to receive ID Label statements: _____

SHIPPING

We ship all orders prepaid & add unless otherwise specified. Shipping terms must be clearly stated on your purchase order if shipping other than prepaid & add.

Shipping Carrier(s): _____

Shipping Acct Number(s): _____

Billing Address for Account: _____

City: _____ State: _____ Zip: _____

Tax exemption: **Please provide a copy of any sales tax exemption or resale certificates with this form.**

To be completed by customer's finance/accounting department:

Name and Title: _____

Date: _____

