

CORIDIAN CREDIT CARD FORM

In order to serve you quickly and accurately, please complete the attached form and return it to creditdept@coridian.com or fax it to 952-361-9981. We will accept additional information/documentation you wish to provide; however, ***completion of this form is required.***

Once the completed form and your purchase order/approval of the quote is received, your customer record will be created (please allow 24 hours). Please submit your purchase order and/or an email approval of the quote confirming required details for delivery to orders@coridian.com. A Customer Care Representative will then contact you for your credit card information as email submission is not secure. Your credit card information will be kept in our secure database for future ordering ease.

If your purchases will be exempt from sales tax (in MN, WI, SD, CA or IL), please return the state specific exemption certificates with your completed form.

Should you have any questions, please feel free to call 952-361-9980 option 5, or email our credit department at creditdept@coridian.com.

Electronic Completion Instructions:

1. To complete the form electronically, you **must** FIRST download the form before completing any fields. Adobe is the suggested program of use. Open the saved form and complete it from your desktop version; NOT the online downloaded version.
2. (Optional) Click on the **E-mail** button at the bottom of the form to send directly to our Finance Department. This will create an email in your preferred email application with the form attached. You can attach additional information if needed.

Thank you for choosing Coridian Technologies and we look forward to serving you with your identification needs.

Coridian Credit Department

CORIDIAN CREDIT CARD FORM

BUSINESS INFORMATION	
Company Name	
Phone Number	
Street Address	
City, State, Zip	
Ship to - Street Address	
Ship to - City, State, Zip	
Default Shipping Method	
Shipping Account Number (when collect method preferred)	
Sales Tax Exempt #: <i>attach state certificate(s) or multistate form</i>	
PRIMARY CONTACT INFORMATION	
Primary Contact Name	
Primary Contact Email Address	
Primary Contact Phone	
AP CONTACT INFORMATION	
AP Contact Name	
AP Contact Email Address	
AP Contact Phone Number	
AP Receipt Submission Email Address	
CREDIT CARD HOLDER INFORMATION	
Credit Card Holder Name (as it appears on card)	
Credit Card Holder Email	
Credit Card Holder Phone Number	
Credit Card Billing Address	

Please return the completed signed document to creditdept@coridian.com or fax to 952-361-9981.

(Optional) Click on the E-mail button to send this form directly to our Finance Department