

New Customer Account Request Form

All of the following information must be submitted on this form in order to be processed:

Company Name:		
Main Contact First & Last Name:		
Title:	Email:	
Address:		
City:	State:	Zip:
Phone:	Fax:	Website:
Ship Via:		
A/P Contact First & Last Name:		
E-mail address for Invoices & Statements:		
Title:	Billing Address: <input type="checkbox"/> Same (if different – fill in below)	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Add'l Contact Name:		
E-mail:		
Title:	Billing Address: <input type="checkbox"/> Same (if different – fill in below)	
Address:		
City:	State:	Zip:
Phone:	Fax:	

BUSINESS INFORMATION

Your Market Segment(s): Select all that apply

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Advertising Specialties | <input type="checkbox"/> Container Printing | <input type="checkbox"/> Neon | <input type="checkbox"/> Sign Franchise |
| <input type="checkbox"/> Architectural / Engraving | <input type="checkbox"/> Custom Sign / Electrical | <input type="checkbox"/> Textile | <input type="checkbox"/> Conventional/Flat Stock/Large Format |
| <input type="checkbox"/> Beer Wholesaler | <input type="checkbox"/> Digital Imaging | <input type="checkbox"/> UV | <input type="checkbox"/> Graphics Printing (auto, fleet, medical, electrical, etc.) |
| <input type="checkbox"/> CD - disk | <input type="checkbox"/> Display/ P.O.P | <input type="checkbox"/> Vinyl Graphics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Circuit Printing | <input type="checkbox"/> Government/School | | |
| <input type="checkbox"/> Commercial Sign | <input type="checkbox"/> Hysol/Frekote/Aerospace | | |



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PAYMENT INFORMATION			
<input type="checkbox"/> Debit Card or <input type="checkbox"/> Credit Card <i>(also select type):</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <i>(We will contact you for Debit/Credit Card details)</i>			
<input type="checkbox"/> Terms - Check here if Yes fill in fields below (Please provide 3 names you purchase from on an OPEN ACCOUNT basis)			
Name:			
Address:	City:	State:	Zip
Name:			
Address:	City:	State:	Zip
Name:			
Address:	City:	State:	Zip
P.O. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Click here to access Sales Tax Exempt Resale Forms: http://www.midwestsign.com/forms.asp</i> <i>Note: Tax will be charged until valid tax exemption certificate has been forwarded to the Accounting Department.</i>			

Total Estimated Monthly Purchases from Midwest: _____

MIDWEST TERMS FOR AN OPEN ACCOUNT
 1% 10th Prox. Net 30 Days, 1-1/2% per month,
 18% per annum service charge added to all
 past due accounts

In the event on non-payment, the undersigned agrees to pay all costs of collection, including reasonable attorneys' fees.

SHIPPING INFORMATION		
<i>If different from billing address (use Notes section below for additional shipping information)</i>		
Company Name:		
Billing Address <input type="checkbox"/> Same as Main Contact <input type="checkbox"/> Different Address		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Shipping Instructions:		
<input type="checkbox"/> Deliver <input type="checkbox"/> FedEx Ground <input type="checkbox"/> Speedee <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day <input type="checkbox"/> UPS 2 Day Air <input type="checkbox"/> UPS 3 Day Select <input type="checkbox"/> Will Call		

NOTES/COMMENTS



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ACCOUNTS PAYABLE CONTACT		
First and Last Name:		
Title:	Email Address for Invoice & Statements:	
Billing Address <input type="checkbox"/> Same as Main Contact <input type="checkbox"/> Different Address		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Shipping Instructions:		
<input type="checkbox"/> Deliver <input type="checkbox"/> FedEx Ground <input type="checkbox"/> Speedee <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day <input type="checkbox"/> UPS 2 Day Air <input type="checkbox"/> UPS 3 Day Select <input type="checkbox"/> Will Call		

ADDITIONAL CONTACT	
First and Last Name:	
Title:	Email Address:

Form Completed By:	Date:
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