

H S MIDWEST INC.

847 N CENTRAL AVE WOOD DALE , IL 60191 TEL:847-691-7529 E-MAIL: info@hsmidwestinc.com hansmidwest@gmail.com

NEW CUSTOMER APPLICATION

GENERAL INFORMATION

Company Name: _____

Physical Address: _____
(CITY) (STATE) (ZIP CODE)

Billing Address: _____
(CITY) (STATE) (ZIP CODE)

Business Phone #: _____ E-mail: _____

Type of Business: _____ Date of Incorporation: _____

Business Hours: Open time: _____ Close time: _____

NAME AND ADDRESS OF OWNER

Name: _____ Title: _____ Cell Phone #: _____

Address: _____
(CITY) (STATE) (ZIP CODE)

PAYMENT METHOD (신용카드와 은행 모두 기입 부탁드립니다.) (Please provide details for both your credit card and bank.

☐ CREDIT CARD

Credit Card Information

Card #: _____ Month / Year: ____ / ____

Name on Card: _____ 3 digits on back of card: ____

Billing Address: _____

We impose a credit card fee of 2.5%. 거래 금액의 2.5%에 해당하는 신용카드 수수료가 부과됩니다.

☐ CHECK

Bank Information

Bank Name: _____ Address: _____

Account #: _____ Contact: _____

☐ OTHER (Cash, etc.)

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I understand the return policy of the items that can be reported and returned within 2 weeks of delivery. Furthermore, if there is a financial problem, I acknowledge all legal responsibility for the costs incurred.

Name: _____ Signature: _____ Title: _____ Date: _____

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INDIVIDUAL PERSONAL GUARANTY

I hereby personally, individually and unconditionally guarantee to HS Midwest Inc. of any obligation of _____ and I hereby agree to bind myself to pay HS Midwest Inc.

Customer's Name

any amount which may become due to HS Midwest Inc. by the _____ whenever

Customer's Name

_____ shall fail to pay the same.

Customer's Name

It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of _____.

Customer's Name

Print Name

SSN

Signature

Phone No.

_____/_____/_____
Date

Office Use Only

Class : _____ Industry : _____ Salesperson : _____

Credit Limit : \$ _____ Pay Code : _____

Line of Credit Requested : \$ _____ Present Balance : \$ _____

Approved by : _____ Date: _____