



Credit Account Registration Form

Date: _____ Account Number: _____

How did you hear about us? _____

Please Print or Type

Registered Company Name: _____
 (full name please)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person Who Receives the Bill at above address: _____

Position & Department of above person: _____

Phone: _____ Fax: _____ Email: _____

Additional Contact Information for Payment Inquiries

Name: _____ Position: _____

Phone: _____ Fax: _____ Email: _____

Corporate Sole Proprietor Partnership
 Controller: _____ Proprietor: _____ Prin. Partner: _____

State/City Govt. Individual Non-Profit Organization

Chief Officer: _____ Name: _____ Exe. Director: _____

Mailing address: _____ City: _____ St: _____ Zip: _____

(if different from the above billing address)

Form of Payment

1. Check Company Check Personal Check Wire Transfer
 2. Credit card Visa or MC **ONLY**

Cardholder name: _____

Card number: _____ Exp. Date: _____

Are Purchase Orders Required? No Yes # _____

If your PO# varies, it is your responsibility to provide a new PO# when you request services. Should there be any mandatory data to be listed on our invoice, specific notification is required upon opening the account.

Account Utilized By: All Staff in Company or Specific Department: _____
 All Regional Offices or Specific Regional Office: _____

Please fill out below and return to our Accounting Department for opening a 30 days credit account. If you have any questions, please call 847-675-3200 X237

***Note: Payment of services for requests made to CHS is net 30 days and is the responsibility of the undersigned**

Signed: _____ Date: _____

Printed Name: _____ Position: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____