



CUSTOMER NEW ACCOUNT FORM

BILLING ADDRESS: SHIPPING ADDRESS: (if other than billing address)

Company:
Attention:
Address:
City/State:
Zip:
Phone:
Fax:

Company:
Attention:
Address:
City/State:
Zip:
Phone:
Fax:

Will the invoice go to the same address as the earmold? YES NO
* if no, please fill out the Billing Address section, above

GENERAL INFORMATION:

- 1) Individual completing form:
2) Owner of the Company (or Corp. Officer):
3) Contact regarding earmolds:
4) Number of offices affiliated with above: (please list address information on separate sheet)

REQUIRED INFORMATION:

- 1) Contact regarding invoices/billing:
2) Are purchase orders required: YES NO
* if yes, blanket or individual:
3) Contact regarding purchase orders:
4) Primary method of payment will be: Check with Invoice Statement

Micro Design, LLC sends all invoices and statements via email. Therefore, an email address is required. Please list the email address your company will be using to receive all inquiries regarding billing:

Email Address:

The above information is correct. I have received a current statement explaining Micro Design's remake policy, and shipping policy. I am aware that the terms are Net 30 and agree to pay within the terms. I agree to pay a 2% finance charge per month on any balance over 30 days from invoice date. I also agree to pay any court costs, attorney's fee and costs of collection the seller may incur in enforcing the terms of this agreement.

Signature

Date