



1812 NORTH 7TH STREET, INDIANOLA, IA

5117 PEARL ST, SCHILLER PARK, IL

NAME OF FIRM _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP: _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

DOCTOR/OWNER'S NAME _____

CONTACT PERSON _____

LENGTH OF TIME IN BUSINESS _____ YEARS AT THIS ADDRESS _____

****IF YOU ARE LOCATED IN THE STATE OF ILLINOIS AND DO NOT WISH TO BE CHARGED TAX , PLEASE SUBMIT A CRT-61 FORM.**

TERMS AND CONDITIONS

Account agreement: This contract is made and entered into by and between Midwest Labs and the undersigned (Account). Midwest Labs and Account agree to the terms and conditions as follows:

1. Midwest Labs will bill Account on the 1st day of each month for all purchases made by the Account for the previous month. To obtain published discounts, Account's payment to Midwest Labs must be postmarked by no later than the fifteenth (15th) day of each month. Failure to submit full payment by such date will result in the loss of the discount and Account will be required to pay the full list price for all merchandise relating to the late payment. Finance charges will accrue on all outstanding balances at a rate of 1.5% monthly.
2. Midwest Labs reserves the right to place Account on credit hold and discontinue shipments in the event that the Account's balance becomes past due.
3. Midwest Labs agrees to credit Account for returned lenses according to the warranty policy. Lenses received by the 20th of the month will be credited in the same billing period. Midwest Labs does not accept responsibility for improperly returned product. In the event that Account's balance is ninety (90) days past due, all warranties will not be honored until balance is paid in full.
4. In the event Midwest Labs refers this account to a collection agency or attorney for collection of any unpaid amount, Account agrees to pay all costs of collection including court costs and reasonable attorneys' fees.
5. In the event of a change of ownership of Account, Account is required to deliver to Midwest Labs prior written notice of such change at which time the existing account will be closed and new ownership must apply to open an account. Failure of comply with this provision will result in Account being responsible for any purchases made through the account after the effective date of the change of ownership.
6. Each principal owner of Account which is a proprietorship, partnership, Limited Liability Company or corporation shall similarly abide by the terms and conditions of this Agreement and by signing below shall personally guarantee payment of all charges billed by Midwest Labs. Upon signing this application, the undersigned authorizes Midwest Labs to have access to any and all necessary information needed to process this application. The undersigned, as the principal owner(s) and or executive officer(s) of Account, hereby personally guarantees all Account's obligations hereunder as set forth in this agreement.

PRINCIPAL OWNER SIGNATURE: _____

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ FEDERAL ID# _____

DATE: _____

Please fax completed application to: 800-346-8286. Thank you!