

Exhibit B  
CREDIT ACCOUNT REGISTRATION FORM



**CHS**

Chicago Hearing Society  
A division of Anixter Center

# 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**

Attorneys, law offices and individual accounts are payable by credit card and prepayment may be required.

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

To pay by credit card visit: <http://www.chicagohearingsociety.org/> Click "PAY AN INVOICE"

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: \_\_\_\_\_

**\*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: \_\_\_\_\_