Tel: 847-752-4790 Fax: 847-350-1533

SUS America, Inc.

New Customer Registration Form				ID: SUS will fill out
		Business Informati	on	
Company Name				
Address	Street:			
	City:		State:	Zip Code:
Phone/Fax				
Business Type	□Automotive	□Electronic		□Trading
	☐Home Appliance	□Medical		Other (
Purchasing Contact				
Name:				
Phone/E-mail				
Account Payable				
Name:				
Phone/E-mail				
Shipping Information				
Trading Term	□FOB Chicago	□FOB (Place) □Exwo	rks CIF/DDP (Place)
Freight	□Prepaid	□Collect		
Transportation Company	Preferred Transportation company:			
Invoice				
How to Invoice	□Postal mail		□e-mail	
(In case of e-mail)	To: e-mail:			
(In case of postal mail) *If different from address above	То:			
	Street:			
	City:		State:	Zip Code:
Special request (If you have any request as for				
Payment				
How to pay	□ACH		□Check	
Payment Term	□Net 30 days			
Invoice effective date	□From Invoice date	□From Arrival date	□Other ()
Invoice Submission Deadline	Once a week Which day		nce a month date	□Everyday
Payment Schedule	Once a week Which day	ПО	nce a month date	□Everyday
Please remit check to: SUS America, Inc. 901 Cambridge Dr. Elk Grove Village, IL 60007 Customer Signatures				
Oustollier Signatures				
 Date :	Date :	Date :		Date :