



To open an account with MIDWEST, please fill out the information requested below. Please send completed forms to ar@swgr.com or fax to (414)-461-8485

**Billing Information**

Company Name:			
Contact Name:			
Address:			
City/ State/ Zip Code:	City:	State:	Zip:
A/P Contact:			
Phone No.:			
Fax No.:			
Email:			
Website:			
Tax ID Number:			
Years In Business:			
Tax Exempt (Yes or No):	Yes	No	
If Yes, Resale No.:			

**Type of Ownership**

Please Select One:	Corporation	Sole Proprietor	Non-Profit
	Partnership	Government	LLC

**If Not Incorporated**

Social Security Number:	
Driver's License Number:	

**Shipping Address, if different from Billing Address**

Address:			
City/ State/ Zip Code:	City:	State:	Zip:

**References**

**Reference No. 1:**

Company Name:			
Address:			
City/ State/ Zip Code:	City:	State:	Zip:
Contact Name:			
Phone No.:			
Fax No.:			

**Reference No. 2:**

Company Name:			
Address:			
City/ State/ Zip Code:	City:	State:	Zip:
Contact Name:			
Phone No.:			
Fax No.:			

**Reference No. 3:**

Company Name:			
Address:			
City/ State/ Zip Code:	City:	State:	Zip:
Contact Name:			
Phone No.:			
Fax No.:			

**Bank Reference:**

Bank Name:			
Branch/ City:			
Account No.:			
Contact Name:			
Phone No.:			
Fax No.:			