

**FIRST ELECTRIC SUPPLY CO., LLC
PROJECT /JOB ACCOUNT INFORMATION**

Customer: _____

Credit Limit Requested: \$ _____ Salesperson: _____

Please complete the following information promptly to help expedite the paperwork for your purchases. We thank you in advance for your time and cooperation.

Project Name: _____ Project #: _____

Project Location: _____

City: _____ State: _____ Zip: _____

How do you prefer to be invoiced: Mail Fax EmailIs the Job Sales Tax Exempt: Yes No

Owner of Project: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Owner's Phone: _____ Fax: _____ Email: _____

Payment Terms of GC: _____

Completed By: _____ Date: _____

Owner / Project Manager

General Contractor / Prime: _____

General's Address: _____

City: _____ State: _____ Zip: _____

General's Phone #: _____ Contact: _____

Purchase Order Number: _____ Amount: \$ _____

Approx. Start Date: _____ Approx. Completion: _____

Bonding Agent Name: _____ Phone: _____

Bonding Agent Address: _____

City: _____ State: _____ Zip: _____

Attach a Copy of Bond if available.

CREDIT DEPARTMENT USE ONLY

Master Account No: _____ Credit Limit Approved: \$ _____

Job Account No: _____ Approved by: _____

Tax Code: _____ Date: _____

Pricing Schedule: _____