



Main: 513-771-8000

Fax: 513-771-6502

10995 Canal Road • Cincinnati, OH 45241-1886

www.jnelectric.com

APPLICATION FOR CUSTOMER NUMBER

Please print or type

Use other side for additional information regarding shipping locations, contacts, etc., if necessary

COMPANY NAME: _____

SHIP TO NAME: _____

BILLING ADD 1: _____

SHIP ADD 1: _____

BILLING ADD 2: _____

SHIP ADD 2: _____

CITY: _____ ST: _____ ZIP: _____

CITY: _____ ST: _____ ZIP: _____

PHONE () _____ FAX () _____ ACCT'G. PHONE () _____

EMAIL: _____ WEB ADDRESS: WWW. _____

NATURE OF BUSINESS: _____ YEAR STARTED: _____ FED.ID#: _____

OWNER/PRES.: _____ ACCT'G CONTACT: _____

BUYER: _____ PARTS/SVC. MGR.: _____

CIRCLE ONE IN EACH BOX: ORIGINAL INVOICE: MAIL? FAX? or SUBMIT w/SHIPMENT? BACKORDERS: SHIP or CANCEL

DO YOU REPAIR OR REBUILD STARTERS & ALTERNATORS? YES or NO P.O.# REQUIRED? YES or NO

ACCT PREFERENCE: Credit* or C.O.D.* or VISA** or MasterCard** or **Discover Card CORPORATION / PARTNERSHIP / SOLE

PROPRIETOR

**CARDHOLDERS NAME: _____ **CARD NUMBER: _____

**CARDHOLDERS COMPLETE ADDRESS: _____ **EXPIRATION DATE: ____/____

SEC. CODE# _____

VENDOR CREDIT REFERENCES: (List 3)

Table with 4 columns: NAME, CITY / STATE, PHONE, FAX

BANK NAME: _____ PHONE () _____ ACCT#: _____

Please Note: Incomplete, Unsigned Applications Will Not Be Processed

*I understand that my/our account with J&N is payable within 30 days of the invoice date, and any account over 30 days old will be subject to C.O.D. terms without notice.

**Please charge my credit card for our shipments. (Credit card information should be exactly as it appears on the card when issued, in order to prevent prolonging or refusal of transactions.)

SIGNATURE _____ PRINTED NAME _____ TITLE _____ DATE _____

Certificate of Exemption

Please check here if your account will be taxable If non-taxable, please complete the following:

The undersigned hereby claims exemption on the purchase of tangible personal property from J&N on and after _____, made under this certificate and certifies that this claim is based upon the purchaser's proposed use of the item(s) purchased, the activity of the purchaser, or both as shown hereon. State here reason for exemption: _____

Tax Exemption No. _____ This certificate shall continue in force until revoked, and shall be considered a part of each order, given to the above named vendor, unless the order specifies otherwise.

Company Name _____ By: (Signature & Title) _____ Date Signed _____

