



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 page 2 for additional information, 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 () COMPANY EMAIL: WEB ADDRESS: www. NATURE OF BUSINESS: YEAR STARTED: FED.ID#: OWNER/PRES.: ACCT'G CONTACT: OWNER EMAIL: ACCT'G EMAIL: BUYER: PARTS/SVC. MGR.: BUYER EMAIL: EMAIL ADDRESS:

SELECT ONE FROM EACH CATEGORY:

STATEMENT (if Net 30): EMAIL (provide address above) MAIL FAX ORIGINAL INVOICE: EMAIL (provide address above) MAIL FAX SUBMIT w/SHIPMENT CREDIT INVOICE: EMAIL (provide address above) MAIL FAX DO YOU REPAIR OR REBUILD STARTERS & ALTERNATORS? YES NO CORPORATION PARTNERSHIP SOLE PROPRIETOR BACKORDERS: SHIP CANCEL PURCHASE ORDERS: YES NO

ACCT PREFERENCE: *Net 30 (provide references below)

C.O.D.

**CREDIT CARD: VISA MASTERCARD DISCOVER CARD

NAME ON CARD: CARD NUMBER:

CARDHOLDERS COMPLETE ADDRESS: EXPIRATION DATE: /

SHIP C.O.D. IF CARD SHOULD FAIL? Yes No SEC. CODE#

SIGNATURE PRINTED NAME TITLE DATE

*NET 30 VENDOR CREDIT REFERENCES: (List 4)

Table with 4 columns: NAME, CITY / STATE, Phone Number, Fax or Email (Required)

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. A standard service charge of 1-1/2% per month will be levied on all open balances 30 days overdue. Such charges will continue each month thereafter until the account is paid. Any legal and/or collection fees required to secure payment on this account, will become my/our responsibility. The completion of this form does not necessarily guarantee open account privileges. Payment of any part of your account, by check, may be converted to an ACH transaction. **If requesting a credit card account, please charge my credit card for all shipments. (Credit card information must be exactly as it appears on the card when issued, in order to prevent prolonging or refusal of transactions.)

*/** SIGNATURE REQUIRED PRINTED NAME TITLE DATE



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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 herein. State here reason for exemption: _____

Tax Exemption No. _____

Company Name _____

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.

By: (Signature & Title) _____

Date Signed _____

PLEASE PROVIDE ANY INFORMATION BELOW REGARDING ADDITIONAL COMPANY CONTACTS, INCLUDING PHONE NUMBERS, FAX NUMBERS AND EMAIL ADDRESSES, WHICH WILL HELP US BETTER SERVICE YOUR ACCOUNT. THANK YOU

COMPANY NAME _____

Multiple horizontal lines for providing contact information.