

J.H. LARSON ELECTRICAL COMPANY

Plymouth, MN (763) 545-1717 St. Paul, MN (651) 774-6581 Fairmont, MN (507) 235-5549 Hudson, WI (715) 386-2388 Eau Claire, WI (715) 834-3111 Hayward, WI (715) 934-2707 Sioux Falls, SD (605) 339-1990 Watertown, SD (605) 886-6936

CUSTOMER ACCOUNT INFORMATION UPDATE FORM

*****Both pages of this application MUST be completed in order to be considered for credit.**

***** Where so noted, a signature is required.**

Business Name _____ Date _____
Billing Address _____
City _____ State _____ Zip _____ County _____
Shipping Address (If different from billing) _____
City _____ State _____ Zip _____ County _____
Telephone # _____ Fax # _____
Date Established _____ Date Incorporated _____ Previous Company _____
Email / Website Address _____

BUSINESS STRUCTURE:

Corporation () Partnership () Proprietorship ()
Type of Business: Electrical () Plumbing () HVAC () MRO () Other _____
What is your business' SIC Code? _____ Federal ID # _____

PRINCIPALS OR PARTNERS OF BUSINESS: (PLEASE PRINT)

<u>TITLE</u>	<u>NAME</u>	<u>PHONE</u>	<u>STREET ADDRESS/CITY/ST/ZIP</u>	<u>SSN#</u>	<u>Date Of Birth</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>TYPE OF LICENSE HELD</u>	<u>STATE</u>	<u>NAME OF HOLDER</u>	<u>NUMBER</u>	<u>EXPIRATION DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

Type	Name	City/State	Phone	Fax	Account #
Bank	_____	_____	_____	_____	_____
Supplier	_____	_____	_____	_____	_____
Supplier	_____	_____	_____	_____	_____
Supplier	_____	_____	_____	_____	_____

The following information will be helpful in serving you better:

Have you previously had an account (under your present company name or any other name) with J.H. Larson?
YES () NO () If yes, under what name? _____

Do you require purchase orders? YES () NO () Do you require monthly statements? YES () NO ()

May we email your invoices & statements? YES () NO () If yes, What is your E-mail address? _____

OR would you prefer your invoices & statements were faxed? ** YES () NO () Fax number _____

(*Faxing is done during the 2:00 am to 5:00 am time period, Monday-Friday, and 11:00 p.m. to 2:00 am Saturday)

Would you like your packing slips printed with prices? YES () NO ()

Are you tax-exempt? YES () NO () If yes, please complete and attach a sales tax exemption certificate.

Would you like a sales representative to call on your business? YES () NO ()

Number of employees _____

What are your projected annual sales with J.H. Larson Company? _____

Requested credit line _____

Accounts payable contact and phone number _____

Purchasing agent(s) and phone number _____

I, as a principal or officer of the above business, hereby grant authority to the bank, vendor, and/or credit bureau to release account information for the purpose of establishing credit with J.H. Larson Electrical Co.

*** Signature and Title of Principal or Officer

