



PO Box 181944, Dallas TX 75218-1944
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CUSTOMER SET-UP FORM

Please complete the following information and submit to invoices@excelelectric.com
Excell Electrical Contractors, Inc. payment terms are **Due Upon Receipt**

COMPANY LEGAL NAME: _____
dba: _____ INCORPORATED in the State of _____
Company Physical Address: _____
Company Mailing Address: _____
Telephone: _____ Fax: _____

BILLING INFORMATION (Accounts Payable)

IS YOUR BUSINESS TAX EXEMPT ON SERVICES? Please circle one: **YES** or **NO**
(If YES, include a Sales and Use Tax Resale Certificate (Tax Exempt Form).)

Does your company require AIA G702 and G703 for billing? Please circle one: **YES** or **NO**

Does/Will your company provide/require specific payment form(s) for billing? Please circle one: **YES** or **NO**
If answer is Yes please provide copy of payment form or example.

PREFERENCE FOR RECEIVING INVOICES AND STATEMENTS - BY EMAIL OR MAIL

Invoice preference:

Email Address: _____

OR

Mailing Address: _____

Monthly Statement preference:

Email Address: _____

OR

Mailing Address: _____

Does your company use P.O. numbers for service requests and invoicing? Please circle one: **YES** or **NO**

If YES, List contact for P.O. NUMBER

Name: _____

Email: _____

Billing/AP Point of Contact (POC): _____

Billing Address: _____

Billing Tel#: _____ **Email:** _____

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____

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