ELECTRIC SUPPLY COMPANY, INC.
406 W. EXCHANGE ST*AKRON, OH 44302*330-253-5157*FAX 330-253-2003*WATS 800-248-2739

FRONT COUNTER/CASH ACCOUNT

This form is to be filled out by all new customers, signed by the officer responsible for that company, and returned to Apex Electric Supply Company. Please be sure that you fully understand all the information on this application, and that you are willing to comply with all of the terms contained herein. If you should have any questions with respect to this Application, please contact Apex Electric before completing this form. You may return the completed form to Kelly@apexEsupply.com

Name of account: _____

Principal(s)/Owner(s) of Company: _____

Phone: _____Fax:_____E-mail_____

Billing Address: _____

Ship to Address (If Different): _____

Tax Exempt (Yes) ☐ (No) ☐ Exempt #_____
If "Yes", a tax exemption certificate must accompany this sheet.

Are you, Sole Proprietor ☐ Incorporated ☐ or Limited Liability Co ☐

Do you have a valid electrical contractor's license? Yes ☐ No ☐

Does your company use a purchase order system? Yes ☐ No ☐

I authorize the following people to charge on the account at Apex Electric Supply Co.
Authorized names: _____
_____
_____

Company Authorized Representative Signature: _____

Name: (Please Print) _____ **Date:** _____

SATISFACTION IS OUR ULTIMATE AIM