ELECTRICAL WH©LESALE

Supply Co., INC. "Friends Serving Friends"

Corporate Office 1355 Fremont Ave.

P.O. Box 51980 Idaho Falls, Idaho 83405-1980

Ph: (208) 523-2901 Fax: (208) 522-0212

Job Account Form

| | Note: Material may not be relea | ased until this form is completed. | |
|-----|---|--|---|
| 1) | Owner's Name: Complete physical address: | | |
| 2) | General Contractor's Name: Complete physical address: | | |
| 3) | Electrical Contractor's Name: Complete physical address: | | |
| | (Please provide business owner's name) | | _ |
| 4) | Complete job name and physical address where material will be used: | | |
| | | | |
| Wha | t kind of job is this (please circle one)? | New construction Existing construction | |
| 5) | | Yes No | |
| 6) | Credit line amount needed for job: | \$\$ | |
| | Corporate Off | | |
| | Will there be a pre-lien in place? If so, what is the legal description? | Yes No | |
| | - | | _ |
| Со | ounty the job is in? (Montana Only) | | |
| | Submitted By (branch manager): | Date: | |
| (| Credit Manager Approval: | Date: | |