## **Electrical Wholesale Job Account Form**

Electrical Contractor		
Business Name:	:	
Contact Person:	:	
Physcial Address:	Street	
	City, State, Zip	
	Project Information	
	:	
Physcial Address:	Street	
	City, State, Zip	
Credit Line Amt.:		
	☐ New Construction ☐ Existing Construction	
General Contractor		
	☐ Same as Electrical Contractor	
Business Name:		
Contact Person:		
Physcial Address:	Street	
	City, State, Zip	
Project Owner		
	☐ Same as General Contractor	
Business Name:		
Contact Person:		
Physcial Address:	Street	
	City, State, Zip	
EWS USE ONLY		
	Price Class	
Branch Manager Signature Date		
Credit Manager Signature Date		
*If Pre-Lien Required - Provide Legal Property Descrtiption:		
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