



LIGHTING & ELECTRIC

NEW ACCOUNT FORM

Please complete BOTH PAGES of this form including all mailing addresses and telephone numbers.

*INDICATES REQUIRED FIELDS

| Company Name and Address | * Shipping Address (if different) |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Phone: _____ | Fax: _____ |
| Are you a corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | E-Mail: _____ |
| If no, required | D & B Number: _____ |
| *Owner's Name: _____ | *Date Business Started: _____ |
| *Owner's Address: _____ | *Type of Business: <input type="checkbox"/> Commerical Contractor |
| *Social Security #: _____ | <input type="checkbox"/> Municipal/Govt/Util. <input type="checkbox"/> Residential Contractor |
| *Date of Birth: _____ | <input type="checkbox"/> MRO or OEM Other, Explain: _____ |

| Trade References | |
|-----------------------------------------|-----------------------------------------|
| *#1 _____ Phone: _____ Fax: _____ | *#2 _____ Phone: _____ Fax: _____ |
| *#3 _____ Phone: _____ Fax: _____ | *#4 _____ Phone: _____ Fax: _____ |

| | |
|---------------------------------------------------|----------------------------------------------------|
| Bank Reference: _____ _____ _____ | Account #: _____ Phone: _____ Fax: _____ |
| Bank Acct. Officer: _____ | |

| AP CONTACT INFORMATION | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AP Contact Name _____ Phone: _____ Fax: _____ E-Mail: _____ | *How do you want your invoices delivered? <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail *Do you want a statement? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Check One) |

Return to:
Stokes Electric Company
P.O. Box 2503
Knoxville, TN 37901
Ph: (865) 525-0351
Fax: (865) 637-8116

***If yes, how?** E-Mail Fax Mail

*Initial Anticipated Monthly Purchase: _____

