



C&B Electrical/C&B Security

CUSTOMER PROFILE

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Billing Address (if different):

City:

State:

ZIP Code:

Payables Contact Person

Phone Number

Email Address

Invoice Delivery Preference

Mail

Email

Autopay: (Y) (N)

COMMENTS OR PROCEDURES TO FOLLOW IN SUBMITTING INVOICES

AGREEMENT

1. All invoices are net 15 from date of the invoice.
2. Claims arising from invoices must be disputed in writing, within seven business days.

SIGNATURES

Print Name:

Print name:

Title:

Title:

Signature:

Date:

Signature:

Date: