



New Customer Application

10995 Canal Road • Cincinnati, OH 45241-1886
Main: (513) 771-8000 • Fax: (513) 771-6502

A Division of Arrowhead ARROWHEAD ENGINEERED PRODUCTS

www.jnelectric.com
info@jnelectric.com

Tell us about yourself:

Company Name: _____
Billing Add 1: _____
Billing Add 2: _____
City: _____
State/Province: _____ Zip: _____
Phone: _____
Fax: _____
Company Website: _____
Company Email: _____
Fed. ID#(EIN/BN): _____
Year Started: _____
Nature of Business: _____
Ship To Name: _____
Shipping Add 1: _____
Shipping Add 2: _____
City: _____
State/Province: _____ Zip: _____
Buyer Contact: _____
Buyer's Phone: _____
Buyer's Email: _____
Acct. Contact: _____
Acct. Phone: _____
Acct. Email: _____

Invoice Preference: (Select One From Each Category):

Statement (if Net 30): Email (provide address above) Fax
Original Invoice: Email (provide address above) Fax Submit w/Shipment
Credit Invoice: Email (provide address above) Fax

Ship back orders: Ship Cancel

Check box if you use Purchase Orders:

Select markets you serve and would like to receive promotional material for:

Rebuilder of Starters & Alternators Snow Related Products - 19 Light Duty Automotive - 01
ATV/Motorcycle/Powersport - 08 Lawn & Garden - 06 EMS (Emergency Medical Services) - 11
Industrial (Fork trucks, Pumps, Generators, etc.) - 14 Construction - 03 Antique Cars - 13
Marine Products - 05 Farm/Agriculture Heavy - 04 Military - 10
Mining Products - 18 Heavy Duty Truck - 02 Metro Bus - 09
Equipment/Vehicle Manufacturing - 15 School Bus - 07 Other _____



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Preferred Payment Option:

*Net 30 (Provide References Below)

**Credit Card (Fill Info to Right)

COD

**Credit Card Info: Visa Mastercard Discover

Card #: Exp. Date: /

Name on Card: Sec. Code:

Billing Add: City, ST Zip

Ship COD if Card Should Fail? Yes No

*Net 30 Only Vendor Credit References: (list 4)

Table with 4 columns: Name, City/ST, Phone Number, Fax or Email (Required). Contains 4 rows for vendor references.

Please Note: Incomplete, Unsigned Applications Will Not Be Processed

*I understand that my/our account with J&N is payable within 30 days of the invoice date, and any account over 30 days old will be subject to C.O.D. terms without notice. A standard service charge of 1-1/2% per month will be levied on all open balances 30 days overdue. Such charges will continue each month thereafter until the account is paid. Any legal and/or collection fees required to secure payment on this account will become my/our responsibility. The completion of this form does not necessarily guarantee open account privileges. Signature below is written consent to complete a credit check. Payment of any part of your account by check may be converted to an ACH transaction. **If requesting a credit card account, please charge my credit card for all shipments. (Credit card information must be exactly as it appears on the card when issued in order to prevent prolonging or refusal of transactions.)

**Signature Printed Name Title Date

Please Continue to Page 3, Note: Incomplete, Unsigned Applications Will Not Be Processed



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CERTIFICATE OF EXEMPTION

Please check here if your account will be taxable

If non-taxable, please complete the following:

The undersigned hereby claims exemption on the purchase of tangible personal property from J&N on and after _____, made under this certificate and certifies that this claim is based upon the purchaser's proposed use of the item(s) purchased, the activity of the purchaser, or both as shown herein. *State here reason for exemption:* _____

Tax Exemption #: _____

Company Name: _____

This certificate shall continue in force until revoked, and shall be considered a part of each order, given to the above named vendor, unless the order specifies otherwise.

By: _____
Signature & Title

Date Signed: _____

PLEASE PROVIDE ANY INFORMATION BELOW REGARDING ADDITIONAL COMPANY CONTACTS INCLUDING PHONE NUMBERS, FAX NUMBERS AND EMAIL ADDRESSES WHICH WILL HELP US BETTER SERVICE YOUR ACCOUNT. THANK YOU.

Company Name: _____

