



# New Customer Application

Main: 513-771-8000

Fax: 513-771-6502

10995 CANAL ROAD • CINCINNATI, OH 45241-1886

[www.jnelectric.com](http://www.jnelectric.com)

[info@jnelectric.com](mailto: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:

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

Duty/Truck School Bus - 07

Metro Bus - 09

Equipment/Vehicle Manufacturing - 15

Other \_\_\_\_\_

### Receive promotional mailing:

Mail

Email

None





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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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_