



# Bell Electrical Supply, Inc.

316 Mathew Street  
Santa Clara, CA 95050

(408) 727-2355 Phone  
(408) 748-0376 Fax

Quality ■ Service ■ Innovation

## JOB ACCOUNT REQUEST FORM

Please complete this form filling in all the appropriate blanks. Failure to provide the requested information may result in delay or refusal to establish this account. The signature of an officer of the company or designated authority is required.

Your Company \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Jobsite Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Name/Number \_\_\_\_\_ Parcel Number(s) Required for all new construction \_\_\_\_\_

Merchandise Estimate \$ \_\_\_\_\_ Start Date \_\_\_\_\_ Est. Completion Date \_\_\_\_\_

Lender \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

General Contractor \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### For Public Works complete the following:

Payment & Performance Bonding Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bond Number \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I, (print name) \_\_\_\_\_ certify the information provided is correct, and understand materials charged to this account are intended for use on this project exclusively.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE PRINT THIS SHEET OUT AND FAX OR MAIL THIS FORM TO THE ADDRESS ABOVE