



JOB ACCOUNT REQUEST FORM

Please complete the form below. 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.

Email completed form to: vcicero@bell-electrical.com or Fax to (408)492-0207

Company Name		Tel No.		Fax No.	
Billing Address		City		State	Zip
Jobsite Address		City		State	Zip
Job Name/Number				Parcel Number(s) <i>Required for new construction</i>	
Merchandise Estimate, <i>(Dollar Amount)</i>		Start Date		Estimated Completion Date	
Lender		Tel No.		Fax No.	
Mailing Address		City		State	Zip
Property Owner		Tel No.		Fax No.	
Mailing Address		City		State	Zip
General Contractor		Tel No.		Fax No.	
Mailing Address		City		State	Zip
FOR PUBLIC WORKS ONLY:					
Payment and Performance Bonding Company					
Mailing Address		City		State	Zip
Bond Number		Tel No.		Fax No.	

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

Signature

Date