



# CUSTOMER SET-UP FORM

Date \_\_\_\_\_ Requester \_\_\_\_\_

## COMPANY INFORMATION

Vendor ID \_\_\_\_\_

Company Name \_\_\_\_\_

Primary Industry \_\_\_\_\_

Automotive	Appliance	Electronics	HVAC
Industrial	Medical	Aerospace	Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

VAT # \_\_\_\_\_

Company Registration # \_\_\_\_\_

Is the bill to address same as purchased from:      Yes      No

If not, enter the bill to address below \_\_\_\_\_

Bill to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CONTACT

### PURCHASING

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Is mailing address the same as company address above?      Yes      No

If no, please provide address here \_\_\_\_\_

### ACCOUNTS PAYABLE

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Is mailing address the same as "bill to" address above      Yes      No

If no, please provide address here \_\_\_\_\_

### QUALITY

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

## ACCOUNTING TAB

Terms: Net 30 Days

PLEASE NOTE: It is mandatory that you include the TaxID/EIN/TIN information (if not applicable, please note on the form)

TAX. ID

DUNS #

Trade References (minimum 2)

1.

2.

3.

Bank Reference

W-9 form attached

Sales tax exempt form attached

Methods Offered:      Check              ACH              Wire              Credit Card (includes 4% surcharge)

## SUBMIT:

Please submit **this form along with your W-9 and sales tax exempt form**  
to Jill Wallace at **[jwallace@jbc-tech.com](mailto:jwallace@jbc-tech.com)**

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# We Make Doing Business Easy!

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