



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 TAB

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 _____

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

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

Please submit this form along with your W-9 and sales tax exempt form to

Jill Wallace at jwallace@jbc-tech.com

We Make Doing Business Easy!

www.jbc-tech.com | 440.327.4522

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