

# DOMINION

ELECTRIC SUPPLY COMPANY, INC.

AR

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Arlington, Virginia 22207

Tel. 703-536-4400

Fax: 703-741-0423

www.dominionelectric.com

DATE \_\_\_\_\_ 20\_\_\_\_

## CASH ACCOUNT PROCESSING FORM

FIRM NAME (hereinafter "Purchaser") \_\_\_\_\_

Date Established \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Dominion Contact/Sales Person: \_\_\_\_\_

### TYPE OF BUSINESS

- Architect  Builder  Building Maintenance  Commercial Contractor  
 Comml & Resi Contractor  Designer  DataComm  Engineer  Government  
 General Contractor  Industrial  Kitchen/Bath  Property Management  
 Remodelor  Residential Contractor  Other \_\_\_\_\_

HOW DID YOU HEAR OF DOMINION? \_\_\_\_\_

### PRINCIPALS:

FULL NAME	SS#	HOME ADDRESS (CITY, STATE, ZIP CODE)
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\_\_\_\_\_

Do you need online access?  Yes  No

If yes, please complete the information below:

Authorized User Names (please print): \_\_\_\_\_

Company Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Supervisor/Manager (if applicable): \_\_\_\_\_

### Access Available to USER (please check all that apply)

- Product Orders  Product Price Availability  Account Status  Account History

PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_