

DOMINION

ELECTRIC SUPPLY COMPANY, INC.

AR
P. O. Box 7227
Arlington, Virginia 22207
Tel. 703-536-4400
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 about Dominion? _____

PRINCIPALS:

Full Name	SS#	Street Address (City, State, Zip)
_____	_____	_____
_____	_____	_____

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 _____