



5053 Lee Highway P.O. Box 7227 Arlington, Virginia 22207 • 703-536-4400 • AR@dominionelectric.com • www.dominionelectric.com

Date _____ 20____

CASH ACCOUNT PROCESSING FORM

Firm Name (hereinafter "Purchaser"): _____

Date Established: _____

Street Address: _____

Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

Dominion Contact/Sales Person: _____

TYPE OF BUSINESS

- Architect Builder Building Maintenance Commercial Contractor Comml & Resi Contractor Designer
- DataComm Engineer Government General Contactor Industrial Kitchen/Bath Property Management
- Remodeler Residential Contractor Other: _____

How Did You Hear About Dominion? _____

Principals (Full Name, Social Security Number, Home 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: _____

Email Address: _____ Phone 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 _____ SIGNATURE _____

TITLE _____ DATE _____