



WESTERN EXTRALITE COMPANY
 DISTRIBUTORS OF QUALITY ELECTRICAL AND VOICE/DATA PRODUCTS
 Phone 816-421-8404 Fax 816-421-7390

Ship To Application/Job Information Sheet

Job Information

Customer Name: _____
 Job Name: _____
 Job Address: _____
 Job City/State/ZIP: _____

All customers complete this section

Credit line: _____ Tax exempt Yes No

****State regulations require collection of sales taxes if a valid exemption certificate is not on file. Attach certificate if applicable ****

Order entry message: _____ Shipping instructions: _____

Job number: _____	Default PO#: _____
Job name: _____	Default job name: _____
Job foreman: _____	E-mail: _____
Address: _____	Telephone/Fax: _____
Project manager: _____	E-mail: _____
Address: _____	Telephone/Fax: _____
General contractor: _____	E-mail: _____
Address: _____	Telephone/Fax: _____
Owner: _____	E-mail: _____
Address: _____	Telephone/Fax: _____

Bonded job: Yes No Name/phone bonding company: _____

Comments: _____

Form completed by: _____ Date: _____

WESTERN EXTRALITE PERSONNEL USE ONLY

Customer account name: _____	Alternate billing address where invoice is to be mailed
Customer account number: _____	
Energy project: Yes <input type="checkbox"/> No <input type="checkbox"/>	Use bill to address: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Information below same as bill-to	Name: _____
Acct Mgr: _____ Service Center: _____	Address: _____
Customer type: _____	_____
SPA category: _____ SPA size: _____	City/State/ZIP: _____
Other: _____	