



Customer Name: _____ Silmar Acct #: _____

Customer Address: _____

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Type of Project:

Public Job: () State () City () County **Private Property Job:** ADU { { ^!&#(C/DU^•ã^} cã

Project # (if applicable): _____ Contract \$: _____

**Are you working directly with?
(check all that apply)**

() General Contractor

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Electrical Contractor

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

() Owner

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Note: Please submit a copy of your contract and the Notice of Commencement if available. In the event that a Claim of Lien is placed on the above-mentioned property address and suit is filed for non-payment, it is understood that Silmar Electronics may also file suit against the job account applicant. In addition, there will be a fee of \$300 for filing the claim and \$50 fee for notice to owner.

Please return this form to: credit@silmarelectronics.com or your local sales representative. Should you have any questions, please contact our Credit Department at: 1800 325-9708

Authorized Signature: _____

For Office Use Only:

Date of 1st Delivery/Pick-Up: _____

Date NTO Requested: _____