



New Job Account Request Form

Please complete all information requested to ensure timely processing.

ACCOUNT

Customer Account Name _____ Customer Account # _____
Contact Name _____ Position/Title _____
Phone _____ Alt/Cell Phone _____ Email _____

JOB

Job Name _____ Customer Job # _____
Tax Exempt Y/N **If "Y", provide documentation.**
Delivery Address _____ City _____ State _____ Zip _____

BONDING

Bonded Job? Yes No **If "Y", attach a copy of bond documentation.**
Bonding Company _____ Bonding Agent _____
Bond No. _____ Contact Person _____ Contact Phone _____

GENERAL CONTRACTOR

Company Name _____ Contact Name _____
Construction Contract Date _____
Phone _____ Alt/Cell Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

OWNER OF PROJECT

Name(s) _____
Phone _____ Alt/Cell Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

ANTICIPATED MONTHLY PURCHASES FROM RESCO

High Month _____ Low Month _____ Desired Credit Limit for Job _____

I authorize RESCO to allow the following persons to charge products to this Job Account:

SIGNATURE _____ Date _____

Email your completed form to accounting@RescoUSA.com or fax to 804.359.2766, Attention accounting