

Bryan Electric 1800 E. State St., Suite 150C Hamilton, NJ 08609 Phone: 609-393-8325

Lic: NJ 6222B; PA 46170; DE T1-0016571

Doing Business with Bryan Electric

Below are Standard Steps & Procedures, designed to provide clarity and define expectations.

- 1) **Scope of Services**: Customer shall provide a detailed scope of services with any/all important supporting information, i.e. pictures, drawings, notes, etc. Relay all information including project contact's Name, Number, and email to Estimating@bryanelectricco.com.
- 2) **Customer Application:** New Customers shall complete the "Customer Application" (See Below). *Existing customers may need to update information.
- 3) **Authorization:** Formal Purchase Order &/or Signed Proposal acknowledging proposed scope, value, terms, and conditions required prior to dispatching services.
- 4) **Billings**: Invoice(s) shall be submitted/paid in accordance with proposed terms outlined in the Proposal-Estimate.
- 5) **Payment**: Payments can be made by Check, ACH, or Credit Card.
 - Check: Make payable to : Bryan Electric

1800 E. State Street - Suite 150C Hamilton, NJ 08609

- ACH: Contact Accounting@bryanelectricco.com
- Credit Card: Card Holder contact Accounting@bryanelectricco.com

Thank you for your attention and effort on these matters, we look forward to working together!

Bryan Electric



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Customer Application COMPANY CONTACT INFORMATION

CO1-1	AITI COITIACI IIII I				
Company Name:					
Company DBA:					
Phone:	Web Address:	Web Address:			
Company Physical Address:					
City:	State:		Post Code:		
Country:	FEIN TAX ID:				
State Incorporation:	Date Started:	7	Tax Resale #:		
Corporation: LLC: Partnership:	Proprietor: Othe	er:	· · · · · · · · · · · · · · · · · · ·		
Purchasing Contact:					
Phone:	Email:				
Alternate Purchasing Contact:					
Phone:	Email:				
COMPANY II	NVOICE / BILL TO IN	FORMATION	ĺ		
BRYAN ELECTRIC P PLEASE PROVIDE AN E-MAIL A	REFERRED METHOD OF IN				
Invoice / Billing Email:					
Accounts Payable Contact:					
Phone:	Email:				
Accounts Payable Alternate Contact:					
Phone:	Email:				
INVOICE BILLING Address:					
City:	State: Post Code:				
Attention:					
COMPANY SHIP TO / RECEIVING INFORMATION					
Ship To Name:	Ship To Name: Address:				
City:	State: Post Code:				
Receiving Contact:					
Phone:	Email:	Email:			
Alternate or Copy to - Delivery Contact:					
Phone:	Email:				
Freight Company(s) of Choice					
Freight Company of Choice (list 2) NOTE	: IF ORDER QUALIFIES F	OR FREE SHIP	PING- SELLER RESPONSIBILITY		
1- Freight Company:		Carrier Account #:			
Freight Contact:		Phone:			
2- Freight Company:		Carrier Account #:			
Freight Contact:		Phone:			
Special Requirements:		Tailgate Req	uired? YES: NO:		
Customer Application - PREPA	ARED BY:				
Prepared by Name:		Title:			
Prepared by E-Mail:		Phone:			

Bank Account Name: Bank Account Number: Bank Name: City: Bank Officer Contact:		Website:		
Bank Name: City:				
City:				
<u> </u>		States		
Bank Officer Contact:		State.	Post Code:	
		Bank Email:	Bank Email:	
Bank Phone:				
Other:				
	Trac	de Reference #1		
Company Name:				
Address:				
City:		State:	Post Code:	
Phone:	Fax:	E-mail:		
Type of account:		'		
	Trac	de Reference #2		
Company name:				
Address:				
City:		State:	Post Code:	
Phone:	Fax:	E-mail:		
Type of account:		<u> </u>		
	Trac	de Reference #3		
Company name:				
Address:				
City:		State:	Post Code:	
Phone:	Fax:	E-mail:		
Type of account:	'	'		
-PLEASE MAKI	E SURE ALL FORM F	FIELD(S) ARE COMPLTE	D AS REQUIRED -	
 Valid W-9 For the second second	Tax Exemption Corm izes Bryan Electric		ble) for verification purposes. Aibuted for public use.	