ABLE MECHANICAL INC.

NEW CUSTOMER REGISTRATION FORM

PLEASE COMPLETE ALL APPLICABLE FIELDS BELOW

1. SERVICE LOCATION

JOB SITE DETAILS

LOCATION NAME: _____

SERVICE ADDRESS: _____

SERVICE ADDRESS PHONE #: _____

2. CONTACT INFORMATION

PRIMARY ACCOUNT CONTACT

CONTACT NAME: _____

PHONE #: _____ E-MAIL: _____

3. BILLING INFORMATION

INVOICING & ACCOUNTS PAYABLE

BILLING NAME: _____

BILLING ADDRESS: _____

CONTACT — IF DIFFERENT FROM ABOVE: _____

4. REFERRAL INFORMATION

HOW YOU FOUND US

HOW DID YOU LEARN ABOUT OUR COMPANY? _____

IF REFERRED, NAME OF THE PERSON / COMPANY WHO REFERRED US: _____

ANY CONTACT PHONE #, E-MAIL WE MIGHT HAVE FOR THAT PERSON / COMPANY: _____

5. PAYMENT INFORMATION

REQUIRED FOR COD CUSTOMERS

CREDIT CARD NUMBER — FOR COD CUSTOMER: _____

CARD TYPE: ☐ Visa ☐ MC ☐ Amex ☐ Disc EXPIRATION DATE: _____ CODE #: _____

NAME ON CARD: _____

ADDRESS ASSOCIATED WITH CARD: _____

OK TO KEEP CARD ON FILE: ☐ YES ☐ NO TAX EXEMPT: ☐ YES ☐ NO *If yes, attach certificate*

COMPLETED BY: _____ AUTHORIZED SIGNATURE: _____ DATE: _____