|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Information: | | | | | | | | | | |
| LEGAL COMPANY NAME (“COMPANY”):  Enter Company's Legal Name | | | | | ACCOUNTS PAYABLE BILLING ADDRESS *(only if different)*:  Enter ATTN Line if Needed on Invoice | | | | | |
| LEGAL ADDRESS:  Enter Company's Legal Address | | | | | ACCOUNTS PAYABLE BILLING ADDRESS:  Enter Billing Address (if different than legal address) | | | | | |
| CITY:  City | STATE/PROVINCE:  State/Province | | ZIP/Postal Code:  Zip Code | | CITY:  City | | STATE/PROVINCE:  State/Province | | | ZIP/Postal code:  Zip Code |
| FEIN/EIN/BUSINESS NUMBER:  Enter the company Tax ID Number  DUN & BRADSTREET NUMBER:  Enter the company Dun & Bradstreet Number | | | | | PARENT COMPANY (IF APPLICABLE):  Enter the parent company's name (if applicable)  PARENT COMPANY’S DUN & BRADSTREET NUMBER (IF APPLICABLE):  Enter the parent company's Dun & Bradstreet Number | | | | | |
| LEGAL COMPANY ENTITY TYPE:  CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  OTHER | | | | | | | | | | |
| Invoicing/Accounts payable Details | | | | | | | | | | |
| A/P CONTACT NAME:  Enter the invoicing contact's name | | | | A/P CONTACT EMAIL:  Enter the invoicing contact's email | | A/P CONTACT PHONE:  Invoicing contact's phone | | | A/P CONTACT FAX:  Invoicing contact's Fax # | |
| PREFERRED METHOD OF INVOICING:  *Please Select Only One Option*  *Any specific instructions on how to use Electronic Portal, Email or Other option, please include with this form.*  MODE OF PAYMENT: ACH/EFT:  YES  NO  OTHERS: Please specify  PAYMENT TERM:  Note:  *JCI offers only ACH/EFT payment option.* *Other than EFT for new customers will require approval from the product business unit finance leader and cash management director.*  *Standard payment term for US: Net 30 days. Payment term > 30 days must have approval per DOA (Delegation of Authority) matrix.* | | | | MAIL TO ACCOUNTS PAYABLE ADDRESS ABOVE | | | | | | |
| EMAIL Enter Email Address for Invoice Delivery | | | | | | |
| ELECTRONIC PORTAL/EDI Enter System Name | | | | | | |
| OTHER: Provide Instructions | | | | | | |
| DOES INVOICE REQUIRE PO REFERENCE:  YES  NO | | | | | | | | | | |
| TAX STATUS:  EXEMPT\*  NON-EXEMPT  *\*All sales are considered taxable unless a Certificate of Exemption is completed, signed and included with this form.* | | | | | | | | | | |
| Trade Credit References | | | | | | | | | | |
| CREDIT REFERENCE #1 | | | | | CREDIT REFERENCE #2 | | | | | |
| COMPANY NAME: Enter credit ref #1: company name | | | | | COMPANY NAME: Enter credit ref #2: company name | | | | | |
| PERSON TO CONTACT AND EMAIL:  Name: Contact's name Email: Contact's email | | | | | PERSON TO CONTACT AND EMAIL:  Name: Contact's name Email: Contact's email | | | | | |
| BUSINESS PHONE: Contact's phone | | | | | BUSINESS PHONE: Contact's phone | | | | | |
| ADDRESS: Contact's address | | | | | ADDRESS: Contact's address | | | | | |
| CITY, STATE ZIP: City State ZIP | | | | | CITY, STATE ZIP: City State ZIP | | | | | |
| Bank References | | | | | | | | | | |
| PRIMARY BANK:  Primary bank's name | | CONTACT NAME:  Primary bank contact's name | | | SECONDARY BANK (IF APPLIES):  2nd bank's name (if applicable) | | | CONTACT NAME:  Secondary bank contact's name | | |
| BUSINESS PHONE:  Primary bank's phone | | FAX:  Primary bank's facsimile # | | | BUSINESS PHONE:  Secondary bank's phone | | | FAX:  Secondary bank's facsimile # | | |
| Acknowledgment | | | | | | | | | | |
| Company verifies that the above information is true and correct and hereby grants permission for any person to furnish to JCI, any and all information requested. Company agrees to pay for any and all materials or services ordered pursuant to its accounts, whether by the Company or by any person representing himself/herself to be an agent, employee or representative of the Company. If any purchase order is issued arising out of this application and not withstanding any language to the contrary therein, Company acknowledges and agrees that JCI may require certain methods of payment (i.e., wire transfer, ACH, etc.).  I understand and agree to the above terms. | | | | | | | | | | |
| CUSTOMER NAME (please print or type): Customer's name | | | | | TITLE: Customer's job title | | | | | |
| AUTHORIZED SIGNATURE: | | | | | DATE: | | | | | |