



SE Net - PO Box 111 Harrison Ohio 45030

New Contractor Form - fill out applicable fields.

Registered Company Name / DBA

Address1 (PO Boxes not permitted)

Address2

City

State Zip

If tax exempt, send your Sales Tax-Exempt Certificate along with this form

A/P Email PO's Required? _____

A/P Contact Name A/P Phone

Coverage Area/s

- Types of service** (mark all that apply)
- Mobile
 - Industrial
 - Residential
 - Hospitality
 - Commercial
 - Government

- What payment methods do you plan to use?**
- Direct Bank ACH
 - Checks Mailed to SE
 - Credit Card/Merchant Card (3% fee will be added)

Mail payments to:
 SE Net
 PO Box 111
 Harrison Ohio 45030
(Include invoice number/s with payment)

We will invoice for a 30 day draw, due upon receipt. A deposit may be required

Approver must be Business Unit Controller or a designee with check signing authority

Controller/Designee (print) _____ Email _____

Signature _____ Date _____ Phone No _____

Payment inquiries are emailed to accounting@s-e.net

Complete, sign and return this form to accounting@s-e.net 513.738.7200

SE NET Accounts Receivable Use Only

Set-Up By _____ Date _____ SE Net Owner _____