



SE Net - PO Box 111 Harrison Ohio 45030

New Customer Form - fill out applicable fields.

Registered Company Name / DBA

Address1 (PO Boxes not permitted)

Address2

City

A/P Phone

State Zip

If tax exempt, provide Sales Tax Exempt Certificate

A/P Email

PO's Required? _____

A/P Contact Name

Terms Requested _____ Credit Limit Requested \$ _____

What payment methods do you plan to use?

- Credit Card/Merchant Card
- Direct Bank ACH
- Checks Mailed to SE

Mail payments to:

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

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

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

Controller/Designee (print) _____ Email _____

Signature _____ Date _____ Phone No _____

SE NET Accounts Receivable Use Only	
Set-Up By _____	Date _____
Owner Signature _____	

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