



**SE Net - PO Box 111 Harrison Ohio 45030**

**New or existing customer?**

**Customer Form - fill out applicable fields.**

New

Existing

Registered Company Name / DBA

Address1  (PO Boxes not permitted)

Address2

City

A/P Phone

State  Zip

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)**

**If tax exempt, provide Sales Tax Exempt Certificate**

**Payment inquiries are emailed to [accounting@s-e.net](mailto:accounting@s-e.net)**

**I certify the following names are permitted to accept or modify estimates**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**By signing below, I confirm that I am allowed to act on behalf of the company as listed, to sign into agreement**

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](mailto:accounting@s-e.net)  
513.738.7200**