



New Commercial Customer - Account Set Up Form

(Customer fills out page 1)

Date: _____

Business/Customer Name: _____

Service Location Address: _____

City: _____ State: _____ Zip: _____

Billing Information:

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Billing Contact Name: _____ Title: _____

Billing Contact Phone: (_____) _____ - _____ ext.: _____

Billing Contact Email: _____

(invoices sent to this email)

Business Hours Contact:

Business Hours Contact Name: _____ Title: _____

Business Contact Phone: (_____) _____ - _____ ext.: _____

Business Hours Email: _____

After Hours Contact (if different):

After Hours Contact Name: _____ Title: _____

Afterhours Contact Phone: (_____) _____ - _____ ext.: _____ Cell or Landline? _____

After Hours Email: _____

Account Info:

Consumable's supply purchasing by Whatcom Janitorial? Yes ____ - No ____

(Subject to %20 markup, billed monthly)

Can our supply vendor deliver directly to your location? Yes ____ - No ____

(Must have staff on site to receive/sign for supplies during your business hours)

Would you like supply running low reminders? Yes ____ - No ____

(only if Whatcom Janitorial doesn't purchase consumables for your business)W

Property Access Information

Alarm Code: _____ Alarm Box Location: _____

Arming Instructions: _____

Disarming Instructions: _____

Lock Box Code (if app): _____

Dispenser key needed? Yes ____ - No ____

Property keys needed? Yes ____ - No ____

(please let us know when we can pick keys up, if app.)