

Company Inform	nation:			
COMPANY NAME				
ADDRESS		ADDRESS 2	ADDRESS 2	
CITY		PHONE	PHONE	
STATE		FAX		
ZIP		CONTACT	CONTACT	
User Informatio	n:	•		
NAME REQUESTED LOGI		JIN	EMAIL ADDRESS	
Approval and Ac	rcentance:			
• •	•	Terms and Condition	ons. I do hereby confirm I am authorized	
-	=		that it is my responsibility to notify	
	=		ted above and that Sterling Electric is not	
·		,	r employed by my company. MVP logins ca	
,	_		nager. Signed and completed Registration	
Request forms to be returned	l via fax to 800-474-l	J543 or scanned ar	nd emailed to drj@sterlingelectric.com.	
SIGNATURE		PRINTED NAME		
For Sterling Elec	ctric Use O	nly:		
CUST #		APPROVED		