12/09

NEW ACCOUNT APPLICATION

All sections / fields must be fully completed.

BRANCH_____ **ANY QUESTIONS? CALL (800) 668-7009**

COMPANY INFORMATION (REQUIRED)

Company name: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( )_____

Physical address (if different than address above):

_____

City: _____ State: _____ Zip: _____

Alternate phone: ( )_____

Sales tax exempt: ☐ Yes* ☐ No ***Must** submit exempt form

☐ Individual proprietor ☐ Partnership ☐ Corporation

Years in business: _____ Years under current ownership: _____

Owner / President Name	Title	SS# / Fed ID#

Management contact: _____

Phone: (____) _____ E-mail: _____

Accounts payable contact: _____

Phone: (____) _____ E-mail: _____

How would you like to receive your invoices? ☐ Fax ☐ Email

Invoicing Email Address: _____

ACCOUNT SETUP INFORMATION (REQUIRED)

☐ **Open Account** Requested credit limit: $_____

☐ **Credit Card Account** (**circle frequency**: weekly or monthly)

Name on card: _____

Credit Card #: _____ Exp. Date: _____

☐ **Debit Card** ☐ **Visa**

☐ **Master Card** ☐ **American Express**

☐ **Discover**

Billing address for Credit Card: _____

BUSINESS REFERENCES (REQUIRED)

Bank name: _____

Contact: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Account #:_____

Major supplier name: _____

Contact: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Account #:_____

Major supplier name: _____

Contact: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Account #:_____

Other supplier name: _____

Contact: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Account #:_____

Authorization to release information: *The undersigned authorizes any Bank or Trade Reference listed above to release any and all information to AP Wagner for the purpose of obtaining sufficient credit history to establish a new account and consents to AP Wagner's disclosure of any information to any reporting agency or to any other party requesting credit information relative to the undersigned. In addition, any credit issued initially upon receipt of a completed credit application may be withdrawn or modified in the future at the sole judgment of AP Wagner management.*

Terms and Conditions: *AP Wagner payment terms, shipping terms, warranty policies, return policies, and other conditions of sale can be obtained from any AP Wagner representative or located at www.apwagner.com/terms.html. The undersigned acknowledges his/her understanding of those terms, policies, and condition of sale and agrees to comply with them.*

Personal Guarantee: *In consideration for the extension of credit to said applicant, the undersigned hereby agrees to the above terms and conditions, and agrees to assume personal liability and responsibility for payment of the organization's accounts, and guarantees payment of any monies to become due according AP Wagner terms and conditions.*

_____ _____ _____

Owner / Officer signature Title Date

_____ _____

Signature Date

APWagner

ANY QUESTIONS? CALL (800) 668-7009

NEW ACCOUNT APPLICATION (cont.)

All sections / fields must be fully completed.

PURCHASE / ORDERING INFORMATION (REQUIRED)

Authorized brands – REQUIRED FOR WARRANTY

Brand	Authorized to carry / service?	Percent of warranty	**SERVICER ID#**	Estimated monthly purchases ($) (REQUIRED)
Electrolux / Frigidaire	☐Yes ☐ No	_____ %		$_____
GE	☐Yes ☐ No	_____ %		$_____
Maytag	☐Yes ☐ No	_____ %		$_____
Whirlpool	☐Yes ☐ No	_____ %		$_____
Other: _____	☐Yes ☐ No	_____ %		$_____
Other: _____	☐Yes ☐ No	_____ %		$_____
Estimated monthly total		**_____%**		**$_____**

Number of technicians: _____

Number of locations: _____

Number of service trucks: _____

Do you sell parts to retail consumers ? ☐ Yes ☐ No

What is your average purchase order size? $ _____

Frequency of ordering:

_____ # of orders per _____ (i.e., day, week, or month)

Orders are placed by: (Identify % of orders)

Branch visits _____ %

Phone Calls _____ %

AP Wagner Website _____ %

Fax _____ %

EDI / Electronic _____ %

Other: _____ _____ %

100 %

☐Orders Ship Complete? **– OR –** ☐ Back Orders Permitted?

Purchase order required ☐Yes ☐No Authorized purchaser: _____

OTHER INFORMATION (REQUIRED)

Type of Business:

☐ Major appliance dealer

☐ Independent service dealer

☐ Coin laundry or route operator

☐ Apartment house or mgmt firm

☐ Commercial HVAC firm

☐ Plumbing and heating contractor

☐ Other: _____

List alternative DBA's or other company names:

_____

_____

Please mail or fax completed applications to:

AP Wagner, Inc.

Attn: Credit

P.O. Box 648

Buffalo, NY 14225-0648

or FAX to:

(716) 961-7168

For AP Wagner Internal Use Only

Review Notes: _____

_____

Dunn & Bradstreet:_____

_____

_____

Assigned Customer #: _____ Credit Limit: $ _____