

**PURCHASING INFORMATION (REQUIRED)**

Vendor	Warranty %	Avg Monthly Purchases
Alliance	%	\$
Bosch	%	\$
Dacor	%	\$
DCS	%	\$
Electrolux/Frigidaire	%	\$
GE	%	\$
Maytag	%	\$
Viking	%	\$
Whirlpool	%	\$
Other	%	\$
Other	%	\$

Number of Service Technicians: \_\_\_\_\_

Number of Branches/Locations: \_\_\_\_\_

Number of Service Trucks: \_\_\_\_\_

Are you a Retailer Parts Seller: YES \_\_\_\_\_ NO \_\_\_\_\_

Average PO Amount: \$ \_\_\_\_\_

Order Frequency (Day, Week, Month): \_\_\_\_\_

List of Brands you are Authorized to Carry/Service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MISC INFORMATION (REQUIRED)**

Type of Business:

- Major Appliance Dealer
- HVAC
- Independent Service Dealer
- Apartment Management Firm
- Plumbing and Heating

**Authorization to release information:** The undersigned authorizes any Bank Reference listed above to release all information to All Brand Appliance Parts for the purpose of obtaining recent credit history to establish a new account and consents to All Brand's Disclosure of any information to any reporting agency, or any other party requesting credit information relative to the undersigned.

\_\_\_\_\_  
 Title Signature Date

Please Fax to: **All Brand Appliance Parts** or Mail to: **All Brand Appliance Parts**  
**Attention: Joan** **949 East Main Street**  
**1-800-375-8876** **Norristown, PA 19401**

**DO NOT WRITE BELOW THIS LINE**

Verification

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Approved: \_\_\_\_\_

Credit Declined: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Customer Account #: \_\_\_\_\_