

AB All Brand Appliance Parts AB

Any questions, please call
1-800-252-7500

NEW ACCOUNT APPLICATION

Fax
1-800-375-8876

All sections **must** be completed

COMPANY INFORMATION (REQUIRED)

Company Name: _____ Contact Name: _____
Billing Address: _____ Title: _____
City: _____ State: _____ Zip: _____ Phone: () _____ Fax: () _____
Phone: () _____ Fax: () _____ Authorized Purchaser: _____
Email address: _____ Purchase Order Required: YES _____ NO _____
****Physical Address (if different than above address)****
Corporation Partnership Individual
City: _____ State: _____ Zip: _____ Years in Business: _____
Phone: () _____ Fax: () _____ Sales Tax exempt: YES _____ NO _____
****If YES, please submit Tax Exemption Form****

REFERENCES (REQUIRED)

Bank Name: _____	Business Name: _____
Contact Name: _____	Contact Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: () _____ Account #: _____	Phone: () _____ Account #: _____
	Fax: () _____ Email _____
Business Name: _____	Business Name: _____
Contact Name: _____	Contact Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: () _____ Account #: _____	Phone: () _____ Account #: _____
Fax: () _____ Email _____	Fax: () _____ Email _____

ACCOUNT INFORMATION (REQUIRED)

Open Account: (Desired Credit Limit) \$ _____

Credit Card Account:

Please circle one: VISA M/C DISCOVER AMEX

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

All Brand Credit Terms
***** Net 30 Days *****