



ALLBRANDONLINE.COM

NEW ACCOUNT APPLICATION

All sections **must** be completed

Phone: (610) 277-5175

Fax: (610) 275-8876

www.allbrandonline.com

COMPANY INFORMATION (REQUIRED)

Company Name

Contact Name

Billing Address

Title

City State Zip

Phone Fax

Phone Fax

Authorized Purchaser

E-Mail Address

Purchase Order Required Yes No

Shipping Address

Corporation Partnership Individual

City State Zip

Years In Business

Phone Fax

Sales Tax Exempt (If yes, please submit Tax Exemption Form) Yes No

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 E-Mail

Business Name

Business Name

Contact Name

Contact Name

Street Address

Street Address

City State Zip

City State Zip

Phone Account #

Phone Account #

Fax E-Mail

Fax E-Mail

ACCOUNT INFORMATION (REQUIRED)

Open Account: (Desired Credit Limit) \$

Please Choose One: Visa M/C DISC AMEX

Name On Card

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

Card Number Exp. Date

PURCHASING INFORMATION (REQUIRED)

Vendor	Warranty %	Avg. Monthly Purchases
Alliance		
Bosch		
Dacor		
DCS		
Electrolux		
General Electric		
Maytag		
Viking		
Whirlpool		
Other		

Number of Branches/Locations

Number of Service Trucks

Number of Service Technicians

Are you a Retail Parts Seller? Yes No

Average PO Amount

Order Frequency (Daily, Weekly, Monthly)

Brands that you are Authorized to Carry/Service

MISCELLANEOUS INFORMATION (REQUIRED)

Type of Business:

Major Appliance Dealer

HVAC

Independent Service Dealer

Apartment Management Firm

Plumbing and Heating

Name of Sales Rep who contacted you (If Applicable)

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

Fax: **All Brand Appliance Parts**
(610) 275-8876
Attention: Accounting

Mail: **All Brand Appliance Parts**
949 East Main Street
Norristown, PA 19401

DO NOT WRITE BELOW THIS LINE

Checked By Date

Credit Approved Credit Declined

Credit Limit \$ Customer Account #