

A-1 APPLIANCE PARTS

11208 MEMORIAL PKWY SW UNIT G HUNTSVILLE, AL 35803
(256) 883-3211 & 1-800-841-0312 FAX:(256) 883-3220
<http://www.A-1Appliance.com>

You can mail or fax this application to us- or give it to one of our representatives.

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TAX NUMBER: _____ BUSINESS PHONE: _____

Do you want us to charge state _____, city _____, and county _____ taxes?

CORPORATION: _____ PARTNERSHIP: _____ INDIVIDUAL: _____

If partnership or individual, list name(s), address(es), phone number(s), and social security number(s).

NAME: _____ PHONE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____ PHONE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

HOW LONG IN BUSINESS? YEAR: _____ MONTH: _____

NAME OF BANK OFFICER ACQUAINTED WITH APPLICANT: _____

PHONE NUMBER: _____

TRADE REFERENCES (local suppliers only)

FIRM	MAILING ADDRESS & PHONE #	CITY/STATE	HOW LONG?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

AMOUNT OF CREDIT NEEDED FOR NORMAL 30 DAY PURCHASES:\$ _____

ASSETS OWNED BY CORPORATION, PARTNERSHIP, INDIVIDUAL: _____

I/we certify that the information on this page is true and is furnished with the sole purpose of securing credit. If credit is extended, I/we agree to make payment on or before the 10th of the month following date of purchase. I/we understand that a past due charge may suspend credit sales and that a 1 1/2 percent monthly service charge will be added to the unpaid balance. I/we also understand that in the event it becomes necessary to refer this account to an attorney or any collection agency that I/we will be responsible for any and all fees associated or connected with said collections. I/we hereby guarantee and hold myself/ourselves personally responsible for the payment at maturity of the purchase price of merchandise sold.

FIRM NAME: _____

BY (Officer, Partner, Owner [Title]): _____

Thank you- We appreciate your efforts in wanting to purchase products from us! If you have any questions regarding completion of this credit application, please feel free to contact us for assistance.

To open a wholesale account with a credit card, simply skip the credit reference section.

Credit Card #: _____ Expiration Date: _____