

Certified
Appliance
Parts



FACTORY CERTIFIED PARTS DISTRIBUTOR

GENERAL

Company Name _____ Yrs. In Business _____

Address _____ City _____ State _____ Zip _____

Corporation _____ Year Incorporated _____ Partnership _____ Sole Proprietorship _____

Phone _____ Fax # _____

Federal Tax ID# _____ State Resale ID # _____ (Attach Certificate)

LIST OFFICERS, PARTNERS OR OWNERS

Name _____ Title _____ S.S.# _____

Name _____ Title _____ S.S.# _____

Name _____ Title _____ S.S.# _____

CREDIT REFERENCES (SUPPLIERS)

1. _____ Contact _____

_____ Phone _____

_____ Fax _____

2. _____ Contact _____

_____ Phone _____

_____ Fax _____

3. _____ Contact _____

_____ Phone _____

_____ Fax _____

BANK REFERENCE : please provide fax number

Bank Name _____ Address _____

Contact _____ Acct.# _____ Acct# _____

Signature _____ Title _____

Print name _____ Date _____