



Please send completed application to

Fax | 214-962-5602
-or-
Email | newaccounts@apdepot.com

ACCOUNT APPLICATION

Referred By: _____

QUESTIONS? Call 800-841-4060 ext 393

BILLING INFORMATION

Company Name
Federal ID / SSN
Address
City
State Zip
Phone
Fax

SHIPPING INFORMATION (IF DIFFERENT)

Company Name
Address
City
State Zip
Phone
Fax

Please include additional Ship To addresses on separate sheet

CONTACT INFORMATION

Primary Contact
Title
Phone
Email
AP Contact
Phone
Email
President/Owner
Phone
Email

ACCOUNT DETAILS

What type of account do you want?
Balance (Net 30 day)
COD
Credit Card
Are you sales tax exempt?
Yes (must attach forms)
No
Sales tax will be charged until proper forms are submitted. Per state law, copies of permits are not acceptable.

BUSINESS DETAILS

Type of business
Years in business
Number of techs
Avg. parts purchased per month
Please select the brands you perform authorized warranty for:
Whirlpool
Frigidaire
B/S/H

ORDER PROCESSING

Branch selection (pick one):
Table with columns TX, AZ, NM, LA, FL and rows of location codes like Dal, Mes, Alb, etc.

Preferred delivery method (pick one):
Will call
UPS Ground
Other

Please note this is only the DEFAULT processing method. You may elect will call, UPSG, etc. when placing an order.

How would you like to receive invoices?
Email
Fax
Mail
Online
Do you require Purchase Order numbers?
Yes
No

SUPPLIER REFERENCES (Req'd for BAL accounts)

Supplier Name _____ Contact Name _____

Account # _____ City _____ State _____

Phone/Fax _____ Email _____

Supplier Name _____ Contact Name _____

Account # _____ City _____ State _____

Phone/Fax _____ Email _____

Supplier Name _____ Contact Name _____

Account # _____ City _____ State _____

Phone/Fax _____ Email _____

MANAGEMENT COMPANY (IF APPLICABLE)

Name _____

Address _____ City _____ State _____

Phone/Fax _____ Contact Name _____

Terms and Conditions

By checking this box and signing or typing my name below, I agree to the following Terms and Conditions

Net 30 days from invoice or Net 10 from statement date. 1 ½% (18% per year) will be charged on all balances over 60 days. If the account is referred for collections, the undersigned agrees to pay all cost including but not limited to collection fees and attorney fees.

Signature _____ Date _____

Printed Name _____

Title _____

Personal Guarantee

By checking this box and signing or typing my name below, I agree to the following Personal Guarantee

I agree to assume personal liability and responsibility for payment of the corporation's accounts in the event that payment for said debts are turned over for collections or presented for payment in a court of law.

Signature _____ Date _____

Printed Name _____

Title _____