



# Account Application

6761 E 10 Mile Rd • Center Line, MI 48015-1147  
MAIN (586) 754-1818 • FAX (888) 950-9484

Fax or Email Application for approval to:  
[CustomerAccountManagement@1stservall.com](mailto:CustomerAccountManagement@1stservall.com)

Type of account:  Cash  Credit  Credit Card  
Date \_\_\_\_\_ Sales ID \_\_\_\_\_ Branch # \_\_\_\_\_

### ACCOUNT INFORMATION

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
ST \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email address \_\_\_\_\_  
President/Owner \_\_\_\_\_  
**A/P Contact** \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

All statements and invoices will be sent to this email

\* Statements and/or invoices will only be sent via email

**Shipping/Physical address**  Check if same as above

Address \_\_\_\_\_  
City \_\_\_\_\_  
ST \_\_\_\_\_ Zip \_\_\_\_\_

### ABOUT YOUR COMPANY

Type:  LLC  Sole Proprietor  Corp  Gov't  
Number of Technicians \_\_\_\_\_  
Factory Warranty Authorized:  
 Whirlpool - Servicer # \_\_\_\_\_  
 Electrolux - Servicer # \_\_\_\_\_  
 Other \_\_\_\_\_

Are PO numbers required?  Yes  No

Will your purchases be taxable?  Yes  No

**\*If claiming non-taxable, you must complete and return the multijurisdictional tax certificate. Your purchases will be taxed until the properly completed form is received.**

Will you be purchasing refrigerant?  Yes  No  
EPA certificate must be on file to purchase, no exceptions.

How did you hear about 1<sup>st</sup> Source Servall?  
\_\_\_\_\_

### BANK REFERENCE

Bank name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### CREDIT REQUEST

For credit account requests, what amount are you requesting for monthly purchases? \$ \_\_\_\_\_

Request shall not be binding upon Seller, nor shall Seller incur liability by granting, decreasing, increasing, changing or refusing said request.

### AUTHORIZATION

Applicant authorizes 1<sup>st</sup> Source Servall to contact the bank and trade references and to obtain credit reports now and from time to time as needed to maintain an open account with 1<sup>st</sup> Source Servall. Applicant affirms all information given is true and accurate and that Applicant is authorized by the company listed in Account Information (Customer) to enter into this Agreement.

CUSTOMER HEREBY WAIVES THE RIGHT TO A JURY TRIAL OF ANY OR ALL CLAIMS OR DISPUTES WHICH MAY ARISE AFTER ACCEPTANCE OF THIS APPLICATION BY 1<sup>ST</sup> SOURCE SERVALL IN CONNECTION WITH THIS AGREEMENT OR ANY OTHER CONTRACT BETWEEN CUSTOMER AND 1<sup>ST</sup> SOURCE SERVALL.

**Signature** \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### TERMS AND CONDITIONS

I have received a copy of 1<sup>st</sup> Source Servall Standard Terms and Conditions of Cash and Credit Sales. Terms may change, without notice and may be found at:

<http://webd3.1stservall.com/TermAndConditions.pdf>

**Signature** \_\_\_\_\_

### PERSONAL GUARANTY

In consideration of the agreement of 1<sup>st</sup> Source Servall to extend credit to the customer, the undersigned, personally, unconditionally and irrevocably guarantees the prompt payment of all due amounts to 1<sup>st</sup> Source Servall. If the customer defaults in the payment of any charges, Guarantor will pay the charges due 1<sup>st</sup> Source Servall.

\_\_\_\_\_  
Guarantor Signature Social Security Number

\_\_\_\_\_  
Guarantor legal name (print) Date

\_\_\_\_\_  
Guarantor address (print) City Zip



Account Application, continued

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TRADE CREDIT REFERENCES:

Table with 4 columns: Name, Address, Phone, Fax. Rows 1, 2, 3.

COMPLETE THIS SECTION ALSO IF APPLICATION IS FOR APARTMENT MANAGER / MANAGEMENT COMPANY

Do you require a vendor service agreement? Yes No

APARTMENT OWNER INFORMATION

Name of Owner, Phone, Email, Fax, Mailing address, City, ST, Zip

MANAGEMENT COMPANY INFORMATION

Name of Company, Phone, Email, Fax, Mailing address, City, ST, Zip

BILLING INSTRUCTIONS

Name, Management Co. Name / Owner, Phone, Mailing address, City, ST, Zip, Accounts Payable Contact, Phone, Email for Invoices/Statements, Purchase orders required? Yes No

Forward completed application to CustomerAccountManagement@1stservall.com or Fax to (888) 950-9484



Thank you