



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

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 1st 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 1st 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 1st 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 1ST SOURCE SERVALL IN CONNECTION WITH THIS AGREEMENT OR ANY OTHER CONTRACT BETWEEN CUSTOMER AND 1ST SOURCE SERVALL.

Signature _____
Print name _____
Title _____
Date _____

TERMS AND CONDITIONS

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

[TermsAndConditions](#)

Signature _____

PERSONAL GUARANTY

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

Guarantor Signature Social Security Number

Guarantor legal name (print) Date

Guarantor address (print) City Zip

Have a question? Call A/R Credit at (586) 754-1818. *Application must be complete for processing.



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