



Rochester: 510 North Goodman Street | Phone: (585) 482-3601 | Fax: (585) 482-6698
Buffalo: 94 Benbro Drive Buffalo, NY 14225 | Phone: (716) 681-6360 | Fax: (716) 681-3956
Syracuse: 222 Teall Avenue Syracuse, NY 13210 | Phone: (315) 422-8064 | Fax: (315) 478-1798

Thank you for your interest in establishing an account with ABR Wholesalers, Inc.!

To ensure that your credit application is processed in a timely manner, we ask that you please be sure we have the following while submitting your application:

***An active Certificate of Liability** (We do not need to be listed as the holder.)

***EPA Certification** if you will be handling Freon.

***DBA (Doing Business As) form** (The state/town/county will send you this document when they are informed that you are opening a business.)

***Completed application** (Note: References are required even if you are requesting COD terms.)

You may send your application to us via:

Fax: 585-482-6698, attention: Accounting

Email: actg@abrwholesalers.com

Mail: To our Rochester branch (address listed above) attention: Accounting

Upon receipt of your completed application, please allow up to 10 business days for processing. If you have any questions regarding the Credit Application or process, please feel free to call our Rochester office at 585-482-3601.

Sincerely,

ABR WHOLESALERS, INC.



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11/2016

*Please provide a copy of your **Certificate of Liability Insurance** with your completed application. Incomplete or missing information may result in delayed processing of your application. Please allow up to 10 business days for processing.*

Date: _____

ABR SALES REP: _____

Name of Company: _____

Shipping Address: _____ City: _____

State: _____ Zip Code: _____

Billing Address (if different than shipping address): _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____ Email: _____

A/P Contact: _____ Phone: _____

A/P Email Address: _____

Website: _____

Type of Business: _____ # Years in Business: _____

Indicate types of items you project to purchase (ie, furnaces, condensers, boilers, thermostats): _____

Check One: Corporation Partnership Sole Proprietorship Individual Government LLC LLP

Anticipated yearly volume: _____ Initial Order: _____

Our business requires on all invoices: Purchase order NAMES _____ Purchase Order NUMBERS _____

TERMS (Select One): _____ Net 30 Days _____ COD (pay by cash, check or credit card at time of order)

Please send my INVOICES via fax or email to:

FAX #: _____ EMAIL: _____

Please send my STATEMENTS via fax or email to:

FAX #: _____ EMAIL: _____

NAMES OF OFFICERS/OWNERS:

Name: _____ Title: _____

% of Ownership: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Social Security #: _____ / _____ / _____ Mobile/Home Phone: (_____) _____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

Name: _____ Title: _____

% of Ownership: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Social Security #: _____ / _____ / _____ Mobile/Home Phone: (_____) _____ - _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

CREDIT AND TRADE REFERENCES (please provide 3 references):

1) _____
NAME / ADDRESS

TELEPHONE / FAX NUMBER

ACCOUNT NUMBER / CONTACT PERSON

2) _____
NAME / ADDRESS

TELEPHONE / FAX NUMBER

ACCOUNT NUMBER / CONTACT PERSON

3) _____
NAME / ADDRESS

TELEPHONE / FAX NUMBER

ACCOUNT NUMBER / CONTACT PERSON

BANK: _____ BRANCH: _____ CHECKING ACCT #: _____

CONTACT: _____ PHONE NUMBER: _____ LOAN #: _____

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of NY law, under jurisdiction of the State of New York Courts and that venue in any such action shall be in the County of Monroe.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including but not limited to attorney fees. Merchandise may not be returned without prior authorization of ABR Wholesalers, Inc.

I have read and understand the provisions of 3-A of the Lien Law of the State of New York which requires contractors to maintain a trust account on every job undertaken. I understand that as a contractor, I have the responsibility of acting as the trustee of the trust fund established for the benefit of downstream contactors and material suppliers like ABR Wholesalers. It is further understood that if a debt is incurred and I have not adhered to the provisions of 3-A of the Lien Law, that I may incur personal liability based on a 3-A trust fund diversion, which is a debt not subject to discharge in bankruptcy.

The undersigned agrees to provide ABR with written notice, by certified mail return receipt requested, of any change in the legal composition of the application for credit.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: _____

COMPANY NAME: _____

BY: _____
(Your Printed Name)

SIGNED: _____

TITLE: _____

Please sign one of the following guaranties:

INDIVIDUAL PERSONAL GUARANTY

Date _____

I, _____ residing at _____
(YOUR NAME – Please print) (YOUR ADDRESS)

for and in consideration of your extending credit at my request to _____
(COMPANY NAME)

(hereinafter referred to as the “Company”), of which I am _____, hereby personally
(OWNER, PARTNER, ETC.)

guarantee to you the payment to ABR WHOLESALERS, INC. in the state of New York of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. I hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

SIGNATURE _____

Witness _____
(PLEASE PRINT)

Witness Signature _____

Witness Address _____

JOINT PERSONAL GUARANTY

Date _____

We, _____ and _____, spouse residing
(YOUR NAME – Please print) (SPOUSE’S NAME)

at _____, for and in consideration of your extending credit
(YOUR ADDRESS)

at our request to _____ (hereinafter referred to as the “Company”), of
(COMPANY NAME)

which _____ is/are _____, hereby
(YOUR NAME ONLY OR YOU AND YOUR SPOUSE) (OWNERS, PARTNERS, ETC.)

personally guarantee to you the payment to ABR WHOLESALERS, INC. in the state of New York of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

SIGNATURE _____

SIGNATURE _____

Witness _____
(PLEASE PRINT)

Witness Signature _____

Witness Address _____

AUTHORIZED PERSONNEL

Please use this form to list **all** employees/owners **who are** authorized to purchase on your account. To maintain a current listing of authorized personnel, we recommend contacting us with any future changes.

Your Business Name: _____

The following employees/owners are authorized to use this account:

YOUR NAME/TITLE (Please Print) _____

CONTACT: (Name and phone number of person within your organization we can contact in the event a person attempts to place an order who is not authorized:

NAME: _____ PHONE NUMBER: _____