



HVAC & Hydronics Wholesale Distributor | abrwholesalers.com

Headquarters

Rochester

510 North Goodman Street
Rochester, NY 14609

(585) 482-3601 Main
(585) 288-6955 Counter Fax
(585) 482-6698 Office Fax

Other Locations

Buffalo

94 Benbro Drive,
Buffalo, NY 14225

(716) 681-6360 Main
(716) 681-3956 Fax

Syracuse

222 Teall Avenue,
Syracuse, NY 13210

(315) 422-8064 Main
(315) 478-1798 Fax

Albany

Tony Vilardi
Territory Manager

(518) 390-3417 Direct
(518) 478-1798 Fax

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

To ensure that your 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**

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 5 business days for processing.

If you have any questions regarding the application or process, please feel free to call our Rochester office at 585-482-3601.

Sincerely,

ABR WHOLESALERS, INC.



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COD Terms Only

6.2017 / COD

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 5 business days for processing.

Date: ABR SALES REP (Office Use Only):

Name of Company:

Shipping Address:

City: State: Zip Code:

Corporation LLC Proprietorship LLP FEDERAL TAX ID #:

Billing Address (if different than Shipping address):

City: State: Zip Code:

Telephone: Fax:

Mobile Phone: Website:

Email Address:

Accounts Payable Contact Name: Telephone:

Type of Business (Please check all that apply):

- HVAC Contractor Property Management Plumbing Electrical
Maintenance Department Government Agency General Contractor
Other (please specify):

Purchase Order (P/O) required on all orders: NUMBERS NAMES N/A

Please list the names of other HVAC distributors you have accounts with:

List the names of all Owners, Partners or Officers of your company:

Name: _____ Title: _____

% of Ownership: _____

Name: _____ Title: _____

% of Ownership: _____

Authorized purchasers of the account (please print):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Who should we contact if a purchase attempt is made by an unauthorized user? (Please provide Name and Phone Number)

COMPANY TERMS

1. All invoices are COD (Cash On Delivery). There will be a \$30.00 service charge assessed on all returned checks. Orders may be held until the account is settled. Warranty parts are also due when purchased. Warranty credits will be issued to the account towards future purchases.
2. Returned goods are subject to a 15% restocking charge.
3. A charge of 1.5% per month may be assessed on past due invoices.
4. It is agreed that the purchaser shall be responsible for cost of collection, court fees and reasonable attorney fees in an amount equal to 25% of the outstanding balance.
5. Undersigned agrees that any disputes arising out of this agreement or goods will be governed and settled under principles of NY law and jurisdiction of the State of New York Courts as action shall be in the County of Monroe.
6. Acceptance of any order from seller is acknowledgement and agreement to the above terms.

The undersigned hereby understands and agrees to the terms, that the information in this application is true and correct as of the date of this application and to notify ABR Wholesalers, Inc. of any information that becomes incorrect.

Signed By: _____ Title: _____

Print Name: _____ Date: _____