



Fax to: 888.736.7921 • Phone: 866.942-8777

Please Type Or Print Clearly
Incomplete Forms Cannot Be Processed
All Fields Must Be Filled In

CredApp 1 - 10-116

CREDIT APPLICATION

SHIPPING ADDRESS (If different than billing address)

COMPANY NAME
ADDRESS
CITY
STATE ZIP
PHONE
FAX
OWNER/PRESIDENT
SOCIAL SECURITY NUMBER

E-MAIL ADDRESS
SERVICE MANAGER
PRIMARY CONTACT
REQUESTED CREDIT LINE \$
OF TECHNICIANS # OF LOCATIONS
YEARS IN BUSINESS
FED. ID #

TYPE OF ACCOUNT YOU ARE APPLYING FOR:

OPEN ACCOUNT
CREDIT CARD: DISCOVER MASTERCARD VISA
CARD HOLDER
ACCT NO.
EXP. DATE

DO YOU BELONG TO A BUYING GROUP?

NATIONWIDE BEST BRAND BRAND SOURCE BRAND DIRECT
MAYTAG HOME APPLIANCE CENTER OTHER

HOW WOULD YOU DESCRIBE YOUR SERVICE BUSINESS?

RESIDENTIAL COMMERCIAL HVAC OTHER
APARTMENT/PROPERTY MANAGEMENT
NAME OF MANAGEMENT COMPANY
NUMBER OF UNITS

BANK REFERENCE

BANK NAME
ADDRESS
CITY STATE ZIP

PHONE FAX
ACCOUNT NUMBER
CONTACT NAME

NON-PARTS DISTRIBUTOR REFERENCE

SUPPLIER
ADDRESS
CITY STATE ZIP

PHONE FAX
ACCOUNT NUMBER
CONTACT NAME

PARTS DISTRIBUTOR REFERENCE

SUPPLIER
ADDRESS
CITY STATE ZIP

PHONE FAX
ACCOUNT NUMBER
CONTACT NAME

AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorizes any Bank or Trade Account listed above to release any and all information to Marcone Appliance Parts for the purpose of obtaining sufficient credit history to establish a new account and grants permission to Marcone to obtain a report from any Credit Reporting Agency.

PAYMENT TERMS

NET 10 EOM. A service charge of 1 1/2% (18% per year) will be charged on all balances over 30 days. If the account must be referred for collection, the undersigned agrees to pay all costs including but not limited to collection fees and attorney fees.

PERSONAL GUARANTEE

The undersigned in consideration for the extension of credit to said applicant, hereby agrees to the above terms and conditions, and agrees to assume personal liability and responsibility for payment of the corporations' accounts, and guarantees payment of any monies to become due according to the above terms and conditions.

Signature
Title Date
(Owner/Officer)
Unsigned Applications cannot be processed.

TAX EXEMPT CERTIFICATES AND CFC LETTERS MUST BE MAILED WITH THIS FORM

Complete this form and mail to: New Account; One CityPlace • Suite 400 St. Louis, MO 63141 Or fax to: 888.736.7921

CREDIT APPLICATION SURVEY (Required)

Total Gross Sales Parts Purchases per month: \$ _____

Total Warranty Parts Purchases per month: \$ _____

Total Parts Purchase Commitment Marcone can expect each month: \$ _____

Gross Sales Volume by Manufacturer: MAC _____% WPL _____% GEH _____% EHP _____% Other _____%

Parts Suppliers: _____

What % of your business is Will Call or Ship Out? _____ % If Ship Out, how many ship to locations? _____

Will Call, which branch? _____ If Pick Up, which branch? _____

Average order size number of parts: _____ Dollar value of order: \$ _____

Order Frequency _____ How do you generate an order?

Branch Visit Web Phone CallFax Electronic Other _____

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How many full time equivalent techs do you have? _____

Do you sell/stock parts? _____ If yes; do you have a parts counter? _____

Do you pay by invoice or statement? _____ Do you file your warranty electronically? Yes No

What brands do you do warranty service on? _____

What brands do you service _____

What is your internet access type? Dial Up DSL Cable T1 Other _____

What needs aren't being met by your current distributor? _____

MARCONE INTERNAL USE ONLY

Net sales commitment per line: MAC _____ % \$ _____ WPL _____% \$ _____ GEH _____% \$ _____

EHP _____% \$ _____ Other _____% \$ _____ CRM _____

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ATTN: NEW ACCOUNTS

One CityPlace, Suite 400

St. Louis, MO 63141