



HVAC & Hydronics Wholesale Distributor | abrwholesalers.com

Helping you succeed in HVAC

Rochester - Main Branch

510 N. Goodman Street
Rochester, NY 14609

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

Buffalo

94 Benbro Drive
Buffalo, NY 14225

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

Syracuse | Albany

1 General Motors Drive # 11
Syracuse, NY 13206

(315) 422-8064 Main
(315) 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 10 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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CREDIT APPLICATION

11•2021 / CREDIT

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 (Office Use Only): _____

Name of Company: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

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

Mobile Phone: (_____) _____ - _____ Website: _____

Email Address: _____

Corporation _____ LLC _____ Proprietorship _____ LLP _____ FEDERAL TAX ID #: _____

Billing Address (if different than Shipping address): _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: Name: _____ Telephone: (_____) _____ - _____

Expected Sales Value for the Year?: : _____

Type of Business (Please check all that apply):

_____ HVAC Contractor _____ Property Management _____ Plumbing _____ Electrical

_____ Maintenance Department _____ Government Agency _____ General Contractor

Use OF Product (Please check all that apply).

_____ Residential Replacement _____ Multifamily New Construction _____ Commercial

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

Please send my INVOICES & STATEMENTS via:

FAX #: _____ or EMAIL: _____

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

Name: _____ Title: _____

% of Ownership: _____ Social Security Number: _____

Name: _____ Title: _____

% of Ownership: _____ Social Security Number: _____

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?

(Name and Phone Number): _____

TRADE REFERENCES (Please provide the Name, Telephone Number and Account Number of 3 references):

1. _____

2. _____

3. _____

COMPANY TERMS & CONDITIONS

1. All invoices are paid in accordance to the terms stated on invoices. 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.

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 contractors 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.

I understand that the information contained in this application is provided for the purpose of obtaining or maintaining credit with you and that you are relying on the information in deciding to grant or continue credit. I agree that the information is true and complete and that you may consider it as continuing to be true and correct. I agree to notify ABR Wholesalers with any change of information contained in this application and agree with the aforementioned terms. Additionally, ABR Wholesalers is authorized to make all inquiries deemed necessary including but not limited to retrieving 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.

Signed By: _____ Title: _____

Print Name: _____ Date: _____

Please complete & sign one of the guaranty's below:

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 _____

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 _____