



Fox Appliance Parts

SERVING THE SOUTHEAST SINCE 1948

5375 North Parkway, Lake City, Georgia 30260 Phone: (404) 363-3313 Fax # 404-968-6460 Email: ar@foxatlanta.com

www.foxparts.com

Office use:

Customer # _____

Date: _____

Initials: _____

CL \$ _____

Company Account Application

Desired Account Type

() Cash/Credit Card

() Open Account with Credit Limit

Requested amount \$ _____

COMPANY INFORMATION

COMPANY NAME	DATE STARTED		
BILLING ADDRESS	CITY	ST	ZIP
SHIPPING ADDRESS	CITY	ST	ZIP
SS # or FEDERAL ID #	SALES TAX EXEMPT #		
COUNTY	BUSINESS (CORP/PART/PROP)	PHONE ()	
LIST BRAND YOU SERVICE AND/OR SELL: _____			
LIST MANUFACTURERS YOU DO WARRANTY SERVICE FOR: _____			

BILLING INFORMATION

BILLING CONTACT	PHONE ()		
EMAIL ADDRESS			
COMPANY OWNERS / OFFICERS	ADDRESS	PHONE ()	
	ADDRESS	PHONE ()	
	ADDRESS	PHONE ()	

COMPANY REFERENCE

FOR OPEN ACCOUNTS, REFERENCES ARE REQUIRED.
 BUSINESS REFERENCES (COMPANIES YOU HAVE AN OPEN ACCOUNT WITH). PLEASE COMPLETE ALL INFORMATION

COMPANY NAME	ADDRESS	ACCOUNT #	PHONE
			()
			()
			()

PURCHASING INFORMATION

DO YOU REQUIRE PURCHASE ORDERS? () YES () NO

If your purchases from us are exempt from sales tax in GA, complete the enclosed tax exemptions certificate (ST-5). In other states, include a copy of your state tax certificate. Our terms for open account billing are Net 30 days (Payment is due 30 days from date of purchase). Any past due amount at our closing date will incur a 1.5% late charge. All claims and returns must be made within 30 days. By signing this document you acknowledge these terms.

AUTHORIZED PURCHASER	PRINTED NAME	TITLE
AUTHORIZED PURCHASER	PRINTED NAME	TITLE
AUTHORIZED PURCHASER	PRINTED NAME	TITLE

PREFERRED FOX LOCATION _____

AUTHORIZED SIGNATURE

PRINTED NAME	TITLE
SIGNATURE	DATE