



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.foxatlanta.com

Office use:

Customer # _____

Date: _____

Initials: _____

CL \$ _____

Property Management Account Application

Desired Account Type Cash/Credit Card Open Account w/ Credit Limit

Requested amnt \$ _____

PROPERTY INFORMATION

PROPERTY NAME	DATE BUILT		
BILLING ADDRESS	CITY	ST	ZIP
SHIPPING ADDRESS	CITY	ST	ZIP
COUNTY	PHONE ()		

PROPERTY MANAGEMENT

MANAGEMENT COMPANY	DATE ACQUIRED	PHONE ()
BILLING CONTACT	PHONE ()	
EMAIL ADDRESS	DO YOU USE THIRD PARTY BILLING?	<input type="checkbox"/> NO <input type="checkbox"/> OPS TECH <input type="checkbox"/> NEXUS <input type="checkbox"/> VENDORCAFE

PROPERTY OWNERSHIP

PROPERTY OWNERS	ADDRESS	PHONE ()
BUSINESS (CORP/PART/PROP)		
SS # or FEDERAL ID #		

BANK REFERENCE

BANK NAME	ACCOUNT #
BANK ADDRESS	CITY STATE ZIP

TO HAVE YOUR CREDIT CARD ON FILE, PLEASE FILL OUT THE *STORE CREDIT CARD AUTHORIZATION FORM*.

TRADE 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
			()
			()
			()

BILLING AND PURCHASING

DO YOU REQUIRE PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUS OWNERS AND MANAGEMENT COMPANY
Our terms for open account billing are Net 30 days (Payment is due 30 days from the 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	
AUTHORIZED PURCHASER	
PREFERRED FOX LOCATION	

AUTHORIZED SIGNATURE

PRINTED NAME:	DATE
SIGNATURE:	DATE