

AB DISTRIBUTION LLC  
WWW.AB-DIST.COM  
(313) 398-8006  
INFO@AB-DIST.COM



## CUSTOMER APPLICATION FORM

### Section 1: Business Information

Business Name:	_____
DBA (if applicable):	_____
Business Address:	_____
City/State/Zip:	_____
Type of Business:	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Wholesale
Years in Business:	_____

### Section 2: Contact Information

First Name:	_____	Last Name:	_____
Address:	_____		
City/State/Zip:	_____		
Phone Number:	_____	Email:	_____

### Section 3: Financial Information

Tax ID / SSN:	_____
Bank Name:	_____
Bank Account #:	_____
Routing #:	_____

### Section 4: Authorization

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**ACH Authorization:** By signing above, the applicant authorizes AB Distribution to initiate debit entries for payment of invoices via ACH transfer from the bank account listed above until written notice of termination is provided.

**Payment Terms:** All qualifying customers agree that their balance must be paid in full within 30 days of order delivery. Failure to comply may result in suspension of credit privileges and/or additional fees.

**Order Inspection:** Any issues or discrepancies must be reported within 48 hours of delivery. Failure to report within this timeframe may void claims for adjustments or replacements.