



Home Laundry Authorized Service Application

Alliance Laundry Systems
Shepard Street, P.O. Box 990
Ripon, WI 54971
Fax: 920-748-4498

Company		Date
Address		
City	State	Zip
County	Phone () -	
Contact Person	<input type="checkbox"/> Owner <input type="checkbox"/> Manager	
FAX # () -	Email Address	

	FLAT SERVICE RATES	TYPE OF SERVICER
	Service Call (Flat Rate) Type A – All machine repairs, except major part replacements.	<input type="checkbox"/> Self Servicing Dealer <input type="checkbox"/> Independent Servicer <input type="checkbox"/> Distributor <input type="checkbox"/> Military <input type="checkbox"/> Canadian <input type="checkbox"/> Puerto Rico
	Service Call (Flat Rate) Type B – All repairs where major parts are replaced, such as transmissions, outer tubs, trunion bearing, bases.	
	Mileage Radius	
	Per mile charge beyond radius	

PAYMENT METHOD

Check

TAX INFORMATION (Choose One)

Sole Proprietorship – Individual Social Security No.
 Partnership – Tax I.D. No.
 Corporation – No number needed

The parties in this agreement are independent contractors and nothing in this agreement will be taken to be an employee/employer or other business relationship other than an independent contractor relationship. Authorization for warranty service repairs are applicable only to products sold by Alliance Laundry Systems.

Factory agrees to pay Servicer agreed upon rates for service performed under the terms of the applicable warranty.

- Alliance will only pay for a job complete; multiple trip calls of the same repair will be paid at the single call rate.
- If no parts are used, "A" rate will apply.
- "Remote Service" is classified as 75 miles (one way) from dealer/servicer location. End users outside this service area are responsible for the "remote portion" of both labor and service. See warranty bond, section II.

Pending approval of this application, I agree to perform service on Alliance Laundry Systems products according to the policies set forth by Alliance Laundry Systems.

Service Company Signature _____	Date
Distributor Signature _____	Date
Alliance Laundry Systems approval _____	Date

Service Company will also need to provide copies of documents showing:

1. Proof of Liability Insurance
2. Proof of Vehicle Insurance
3. Worker's Compensation Insurance (if applicable).

Alliance Laundry Systems Use ONLY:

Service company Account # _____ Service company Extranet Password: _____