

Alliance Laundry Systems LLC PO Box 990, Shepard Street Ripon, WI 54971, USA T | +1 920 748 3121 F | +1 920 748 4498

Home Laundry Authorized Service Application

warranty@alliancels.com

Company					Date
Address					
City			State Zip		
County			Phone		
Contact Person			Owner Manager		
FAX # Email Address					
FLAT SERVICE RATES			TYPE OF SERVICER		
	Service Call (Flat Rate) Type A – All machine reparent except major part replacements.		irs,	Self Servicing Dealer	
Service Call (Flat Rate) Type B – All repairs where					
parts are replaced, such as transmissions, outer tubs, tru bearing, bases.			unnion		
	Mileage Radius			Military	
.57	Per mile charge beyond radius			Puerto Rico	
PAYMENT METHOD					
Check					
TAX INFORMATION (Choose One) Sole Proprietorship – Partnership – Corporation – Individual Social Security No. Tax I.D. No. No number needed					
 Service Company will need to complete the following: Application. W-9 Form that has been updated within the past year. Required PlusOne Registration at : <u>https://insight.plus1solutions.net/login</u> Required PlusOne Screening: United States : <u>https://screeningsplus.plus1solutions.net/alli549717923/</u>Canada : <u>https://screeningsplus.plus1solutions.net/alli549747924/</u> 					
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 problem is found or no parts are used, a one-time only, "A" rate repair will be paid. "Remote Service" is classified as 50 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					
Please mail or fax completed application and insurance documentation to Alliance Laundry Systems. Form No. 4123R6					