

Service Agreement Application

The undersigned hereby applies to enter into an Authorized Service Representative Agreement as an independently owned and operated Service Contractor and is providing the following information to WHIRLPOOL CANADA for this express purpose. By signing this application, I acknowledge and maintain that all information is true and accurate. I also agree that if any information I provide is false and or fraudulent, my Service Agreement may be terminated immediately.

Company Name: Doing Business As:

Phone Number: Fax Number: Email Address:

Cell Number:

Owner's First, Middle, Last name:
(Legal name REQUIRED)

Owner's Current Mailing Address:

City: Province:
Postal Code:

Owner's Previous Mailing Address if currently less than 5 years:

City: Province:
Postal Code:

Business Registered Address:

City: Province:
Postal Code:

Business Previous Mailing Address if currently less than 5 years:

City: Province:
Postal Code:

Business Physical Mailing Address:

City: Province:
Postal Code:

Business Previous Physical Mailing Address if currently less than 5 years:

City: Province:
Postal Code:

Type of Ownership:

Corporation Partnership Proprietor

Are any individual owners employed as a service technician for the company?

YES NO

Type of Service Company

Service Only Service What you Sell Sell/Service All

How Long Has Your Business Been Established?

WHIRLPOOL CANADA LP

Service Agreement Application



Service Manager's Name: <input style="width:95%;" type="text"/>	Service Manager's Email: <input style="width:95%;" type="text"/>
Whirlpool Brands Serviced	
<input type="checkbox"/> Whirlpool <input type="checkbox"/> Maytag <input type="checkbox"/> Amana <input type="checkbox"/> Inglis <input type="checkbox"/> KitchenAid <input type="checkbox"/> JennAir <input type="checkbox"/> Estate <input type="checkbox"/> Admiral <input type="checkbox"/> Speed Queen <input type="checkbox"/> Roper <input type="checkbox"/> OEM	
Products Serviced:	
<input type="checkbox"/> Laundry <input type="checkbox"/> Refrigeration <input type="checkbox"/> Sealed Systems <input type="checkbox"/> Kitchen (incl. disposers) <input type="checkbox"/> Commercial Laundry <input type="checkbox"/> Microwave <input type="checkbox"/> Air Conditioners <input type="checkbox"/> 50lb Icemaker <input type="checkbox"/> Hot Water Dispensers <input type="checkbox"/> Gas Appliances	
Do you have any family members actively employed with Whirlpool? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list their name and relationship: Name: <input style="width:60%;" type="text"/> Relationship: <input style="width:20%;" type="text"/> Name: <input style="width:60%;" type="text"/> Relationship: <input style="width:20%;" type="text"/> Name: <input style="width:60%;" type="text"/> Relationship: <input style="width:20%;" type="text"/>
Previously Whirlpool Authorized Service Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? <input style="width:10%;" type="text"/> Prev. Acct Nbr: <input style="width:10%;" type="text"/>	
Please provide a brief reason why the company is no longer an Authorized Service provider: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
GST/HST TAX Number: <input style="width:80%;" type="text"/>	PST Tax Number: <input style="width:80%;" type="text"/>

Undersigned warrants the information provided in this document is true and accurate. Any misrepresentation of information provided in this document, may result in immediate cancellation of my Service Agreement should an agreement be offered. Completion of this application does not imply that the undersigned has been appointed, nor does it represent the full requirements of the authorized service provider as specified in the Whirlpool Service Agreement and the Whirlpool Service Operation Guide (SOG).

Please note that the qualifications of the agreement such as maintaining proper equipment, adequate parts stock, competent technicians, attending training meetings, following repair procedures/service pointers, and all other requirements of the agreement are not only a basis for initial qualification but must be maintained at all times to continue to qualify as a Whirlpool Authorized Service Representative.

Applicant Signature: <input style="width:95%;" type="text"/>	Position: <input style="width:95%;" type="text"/>
Date: <input style="width:80%;" type="text"/>	



Service Company Profile Questionnaire

All fields must be filled out. If you are unable to fill out a field, please state the reason why.

Name of your Company:

Normal Hours of Business:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Information:

Do you operate your business from: Storefront Home Office

Is your office computerized? Yes No

Do you use a Business Management Software? Yes No

If Yes, what software system?

Do you have a telephone answering machine or answering service? Yes No

If Yes, does your answering machine/service answer: At night On weekends On Holidays

Technician Information:

Number of Technicians employed by your company?

Do your Technicians wear uniforms? Yes No

Which, if any, Manufacturers are shown on the uniforms?

How do you communicate with your technicians when they are on the road?



Service Company Profile Questionnaire (continued)

All fields must be filled out. If you are unable to fill out a field, please state the reason why.

Warranty Claims Processing:

Do you process your warranty claims electronically? Yes No

If Yes, What system are you currently using?

Does your company use pre-screening or pre-diagnostic skills before scheduling the service call?

Yes No

Training:

Are you willing to have your technicians attend and participate in Spring, Fall, and any special Product Training?

Yes No

If No, please explain:

Service Vehicles:

Do you stock parts on your service vehicles? Yes No

Do your service vehicles have any identifying decals or logos on them besides your business name and telephone number?

Please List:

Applicant Signature:

Position:

Date:



The individuals listed below have signing authority to bind the corporation/partnership/sole proprietorship. Whirlpool Canada LP may rely on the binding authority of these individuals unless otherwise advised in writing by the applicant.

Checklist of Return Items

Have you completed the following?

- Service Agreement Application
- Service Company Questionnaire
- Signed each form in the appropriate places

Once this is completed, please mail, email or fax all forms to the addresses shown below.

Whirlpool Canada LP
Field Service Administration
200-6750 Century Avenue
Mississauga, Ontario, L5N 0B7

Email: WCAN_Field_Service_Admin@Whirlpool.com

Fax: 905-821-6638