

# ABC Program New Membership Application



# BOSCH

## APPLICANT INFORMATION

Company Name: \_\_\_\_\_

Primary Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Website: \_\_\_\_\_

Additional Office Locations: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Do you have a showroom? Yes  No  Do you offer after-hours service? Yes  No

Phone number for direct (soft) transfer of consumer leads: \_\_\_\_\_

I understand that the ABC Program includes a commitment to install an estimated number of products as specified below to be reviewed annually by Bosch Sales Team.

Estimated # of Unit/Year: # of Boilers: \_\_\_\_\_ # of Tankless: \_\_\_\_\_  
# of Geothermal/WSHP Heat Pumps: \_\_\_\_\_ # of Air-Source Heat Pumps: \_\_\_\_\_

What other brands do you install? \_\_\_\_\_

Preferred Wholesalers: \_\_\_\_\_

I have attended an accredited training course for the Bosch/Buderus products within the last 2 years. Yes  No

I agree to attend my first accredited training course for products listed above within \_\_\_\_\_ weeks.

I will be performing my own service work Yes  No

Are you willing to perform service on products that other contractors installed? Yes  No

I would like to gain accreditation for the following products:

Boiler  Geothermal/WSHP  Tankless: Gas  Tankless: Electric

Product(s) specified above will be the product type which is eligible for additional one-year extended warranty until further accredited courses are completed.

## EQUIPMENT INFORMATION

Please indicate which of the following tools you own:  Multimeter  Manometer  
 CO<sub>2</sub> Gas Analyzer

**PURCHASING INFORMATION - FOR BOILERS AND TANKLESS UNITS ONLY**

ABC Members can obtain boiler parts covered by the warranty free of charge directly from Bosch.  
ABC Members can purchase Tankless Water Heater Parts directly from Bosch.

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sales tax exempt? Yes  No  (Please attach copy of appropriate tax exemption form)

**APPLICANT SIGNATURE**

Are you currently a member of another manufacturer's preferred provider program?

Yes  No  If yes, which one? \_\_\_\_\_

I confirm I would like to become a member of the Accredited Bosch Contractor Program.

I agree that my details can be passed on to consumers and our affiliated companies.

I understand that I will be an Active ABC Member once I have successfully completed my first accredited training course.

I understand that in order to maintain my Active Membership status a boiler or tankless unit must be installed and registered within 90 days or a geothermal unit within six months of membership. ABC criteria must be maintained in order to remain an Active Member. If criteria are not met, all ABC benefits may be removed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note for full details and information on our privacy policy, please visit: [www.bosch-climate.us/privacypolicystatement](http://www.bosch-climate.us/privacypolicystatement)

**APPROVAL SIGNATURE\*\***

I confirm that the company named above meets the criteria for Accredited Bosch Contractor Membership.

Bosch Sales Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Field must be filled in and form submitted by this individual

**FOR INTERNAL USE ONLY**

Bosch Rep Firm \_\_\_\_\_