



**Corporate Office**  
5757 E 42nd Ave • Denver, CO 80216  
303 399-1752 • 303 399-1839-fax

# HVAC & PLUMBING Contractor Confirmation Sheet Line of Credit Application

We must have a completed application filled out  
before any serialized equipment can be sold.

CAD Initials

Date: \_\_\_\_\_ Applying for:  Rheem Equipment Contractor  Commercial  Residential  
 Parts & Accessories Only  Water Heaters/Accessories

APPLICANT: \_\_\_\_\_ Requesting: \_\_\_\_\_ Line of Credit Amount: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_ Business Ran From:  Residence  Business  
Address 1: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_

Business Type:  Corporation  Partnership  Other  
Date Started Business On: \_\_\_\_\_ State Tax ID: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
If a Corporation: \_\_\_\_\_ If Other: \_\_\_\_\_  
President: \_\_\_\_\_ Owner/Partner: \_\_\_\_\_  
Vice President: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Treasurer: \_\_\_\_\_ Owner Partner: \_\_\_\_\_  
Secretary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Taxable  Non-Taxable (provide resale license)

Accounts Payable Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you Require a Purchase Order:  Yes  No  
If Yes,  Verbal or  Paper  
Do you want prices listed on sales orders?  Yes  No  
How would you like invoices, training information, etc. sent?  Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Turn over for additional information. Form must be signed and filled out completely before it will be processed.

**Bank Account Verification**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account: \_\_\_\_\_

**Supplier References:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Licenses:**

**City/County HVAC License - COPY REQUIRED**

City/County	License Number	Date Expires
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**EPA Certification Number - COPY REQUIRED**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**R410A Refrigeration Certification - COPY REQUIRED**

1. \_\_\_\_\_  
2. \_\_\_\_\_

**A COPY of BOTH your City/County HVAC License AND Your EPA License is REQUIRED, otherwise your application will not be processed. Please attach copies of both to your application.**

The applicant authorizes any bank or industry reference to release information regarding any and all accounts. If the subsequent assigned terms to the applicant are not met, Comfort Air Distributing, Inc., shall be authorized to suspend all deliveries at any time. It is agreed that this application and agreement is subject to acceptance by an officer of Comfort Air Distributing, Inc., and, upon acceptance, its terms shall be binding.

A copy of this credit application may be used as a Security Agreement for granting a secured interest in creditor's inventory and sales proceeds thereof.

By signing below, the signer(s) agree(s), on behalf of the company named above, to the terms and conditions of this application and agreement, and, in consideration of Comfort Air Distributing, Inc., extending credit to the above named company, in their individual capacities, jointly and severally, and whether or not they sign their name(s) with their company title, unconditionally guarantee and promise to pay upon demand to Comfort Air Distributing, Inc., all indebtedness of the company named above at any time owing under this application and agreement.

The signer(s) waives(s) any right to require Comfort Air Distributing, Inc., to proceed against the company named above, and authorizes(s) Comfort Air Distributing, Inc., without notice, demand, or consent of any kind to renew, alter, compromise, extend, accelerate or otherwise change any of the terms of the Agreement with the company named above, and agree(s) to pay attorney's fees and all other costs and expenses which may be incurred in the enforcement of the guaranty.

This guaranty shall remain in full course and effect unless and until notice in writing is sent certified mail, return receipt requested, to Comfort Air Distributing, Inc. Said notice is to state the date the guaranty is to terminate, said date not less than seventeen days from the postmark of the mail.

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

**FORM MUST BE FILLED OUT COMPLETELY BEFORE IT WILL BE PROCESSED.**  
For questions regarding this form, please call our accounting department at 303-399-1752

Updated: \_\_\_\_\_

