



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

HVAC & PLUMBING
Contractor Confirmation Sheet
COD 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 INFORMATION:

Requesting: Cash on Delivery (COD) Account Only

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: \_\_\_\_\_ Owner Partner: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

[ ] Taxable [ ] Non-Taxable (provide resale license)

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.

Credit Card Account Payment Only (no Bank Information Required)

**Supplier References:**

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

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

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

Licenses:	ID Number	Date of formation
Secretary of State		
1. _____	_____	_____

**HVAC/Plumbing Licenses**

\_\_\_\_\_  
\_\_\_\_\_

**EPA Certification Number -COPY REQUIRED**

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

**R410A Refrigeration Certification - COPY REQUIRED**

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

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

The applicant authorizes any bank or industry reference to release information regarding any and all accounts. This will not require a credit check and will not affect your credit.

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

Print Name: \_\_\_\_\_

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: \_\_\_\_\_