



9400 E. 46th Pl. Unit 100, Denver, CO 80238 Phone: (303) 539-1662

ACCOUNT APPLICATION
PLEASE PRINT AND FILL OUT COMPLETELY

Company Name: _____

Owner/Contact Name: _____

Physical Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Business Classification: ☐ Corporation ☐ S-Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

If Corporation (check one): ☐ Corporate Office ☐ Branch ☐ Franchise

Federal ID #: _____ Date Business Started: Mo/Yr: _____ State Incorporated: _____

Will A/C Equipment or Refrigerant be purchased? ☐ No ☐ Yes - if yes, attach copy of Refrigerant Certificate

General Customer Base: ☐ Mostly Residential ☐ Mostly Commercial ☐ Residential and Commercial

Do you require Purchase Orders? ☐ Yes ☐ No

Signature: _____ Date: _____

Tax Information:

☐ Taxable ☐ Non-Taxable or Exempt (Attach Multi-State Exemption Certificate or provide your signed copy)

Please note, this application is for a **"Good Funds Only"** account (Cash, Credit Card, Certified Check or Money Order). All credits and warranties will be in the form of an in-store **merchandise credit**. **No personal or company checks**. If an extension of credit, or other payment option is requested, then a full credit application will need to be completed.

E-mail completed form to patty.moore@comfortairdistributing.com

FOR OFFICE USE ONLY BELOW THIS LINE

Territory: _____ Date: _____ Acct #: _____

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