

Account Set Up / Change Form

_____ New Account

Date _____

_____ Change Account

Customer Number _____

BILL TO INFORMATION

Business Name _____

Business Address _____

City/State _____ Zip/Postal Code _____

SHIP TO INFORMATION

Ship to Name _____

Ship to Address _____

City/State _____ Zip/Postal Code _____

BUSINESS INFORMATION

President / Owner _____ Phone # (_____) _____

Cellular Phone # (_____) _____ Facsimile # (_____) _____

Email Address _____

Purchase Contact: _____ E-mail _____

Phone # (_____) _____ Facsimile # (_____) _____

A/P Contact _____ E-mail _____

Phone # (_____) _____ Facsimile # (_____) _____

Sales Person _____

Taxable _____ Exempt _____ Federal Tax ID# _____

(If exempt, please attach a copy of signed Resale Certificate)

Please attach copy of TAFL and Refrigerant Certification