



Unlocking superior service for your business

WHOLESALE PURCHASE AND CHARGE ACCOUNT INFORMATION UPDATE

CUSTOMER # _____

DUNS # _____

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SHIP TO ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ E-MAIL _____

NAME OF OWNER OR RESPONSIBLE OFFICER _____

Accounts Payable Name: _____ AP Phone #: _____

AP Email: _____ AP FAX #: _____

This Firm is: ☐ Sole Proprietorship ☐ Public Corporation ☐ Partnership ☐ Closely Held Corporation ☐ Limited Liability Corporation ☐ Government

President's Name _____ Home Address _____

City _____ State _____ ZIP Code _____

Vice President's Name _____ Home Address _____

City _____ State _____ ZIP Code _____

Secretary's Name _____ Home Address _____

City _____ State _____ ZIP Code _____

ARE PURCHASE ORDERS REQUIRED? _____ ☐ Yes ☐ No

ESTIMATED MONTHLY CREDIT REQUIREMENTS _____

IF BUSINESS IS A CORPORATION, PLEASE COMPLETE THE FOLLOWING:

Federal Tax I.D. No. _____

Date of Incorporation _____ State of Incorporation _____ Charter No. _____

EPA CERTIFICATION FORM

The following technicians have successfully completed and EPA Approved Refrigerant Certification Program:

NAME	CERTIFICATE #	CERTIFICATION TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of each technician's certification card is attached.

The above information is accurate as of _____ (date). I understand that it is our responsibility to notify Key Refrigeration Supply of any changes in the status of certified employees.

Please print or type authorized name

Signature

Date