

CASH ACCOUNT APPLICATION CPD.CreditReleases@carrierenterprise.com

BUSINESS NAME:		DATE:					
DBA:		CONTACT NAME:					
PHONE: ()		_	FAX: (_)			
MAILING ADDRESS:							
CITY:	ST: _	ZIP: _		COUNTY: _			
SHIPPING/PHYSICAL ADD	RESS: _						
		(Required if ab		ove is a PO Bo	x)		
CITY:	_ST:	ZIP:	CO	UNTY:			
EMAIL:							

NOTE: ALL PURCHASES ARE SUBJECT TO SALES/USE TAX. IF YOUR COMPANY IS EXEMPT, A COPY OF YOUR APPLICABLE EXEMPTION CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.

FORMS OF PAYMENT ACCEPTED: Cash, checks & Credit Cards (Visa, MC, AMEX & Discover). Checks are run through an independent check guarantee service and are subject to a \$25.00 NSF fee if returned for any reason.

Purchaser agrees to pay interest in the amount of 18% (1.5% per month) or the maximum rate allowed by law, whichever is less, on any sums past due.

If you will be purchasing Refrigerant, please enclose a copy of your EPA certification.

Agreed to by:

Signature of Authorized Person		Title	Date	Date					
Printed Name									
FOR INTERNAL USE ONLY:									
DUPLICATE CHECK (Name, Zi	p, Phone)	BRANCH	l:	ACCOUNT:					
FIPS CODE:	SET UP	BY:		SALES ID:					
PRICING LEVEL:		HORIZED	BY:						