



APPLICATION FOR COD ACCOUNTS ONLY

Applied Equipment Solutions
12417 Ocean Gateway B16
Ocean City, MD 21842

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BUSINESS INFORMATION

COMPANY NAME: DATE:

ADDRESS:

CITY/STATE/ZIP:

PHONE: FAX:

PICK ONE: SOLE PROPRIETERSHIP: PARTNERSHIP: CORPORATION:

PRINCIPALS INFORMATION

ADDRESS:

SSN:

ADDRESS:

SSN:

ANTICIPATED CREDIT REQUIRED PER MONTH:

BANK REFERENCE:

SALES TAX STATUS: CHARGE TAX EXEMPT EXEMPTION #:

ENVIRONMENTAL PROTECTION AGENCY CERTIFICATION

Applicant holds the following License:

CLASS: NUMBER: CITY:

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EPA REFRIGERANT CARTIFICATION #:

NAME OF LICENSEE:

Must Be Completed If Applicant Will Be Purchasing HVAC Equipment, Parts Applicant May Omit.
A copy of all current licenses held must be submitted with this application and prior to any extension of credit.

CREDIT DEPARTMENT USE ONLY:

CUSTOMER: CREDIT LIMIT: