



COD Account Application

Please indicate your branch: Omaha Sioux Falls Minneapolis St Louis Des Moines Waterloo

Legal Name of Firm (Customer): _____

Owner Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Please Indicate the Type of Business:

- A/C & Heating Institutional Wholesale / Resale
- Apartment Maintenance Building Maintenance Other (Please describe): _____
- Refrigeration International / Export _____

Please attach a copy of: EPA Certification Certification of Tax Exemption

I understand that the information provided on this application is warranted to be true.

Owner Signature: _____ Date: _____

Owner Name (Printed): _____