



281-530-2859 Office / 281-776-1969 Fax
credit@centuryac.com

Cash Account Application

Legal Name of Firm: _____

Mailing Address:

Physical Address:

Phone: () _____

Fax: () _____

Owner Name: _____

Phone: () _____

Email Address: _____

Which location do you primarily purchase from: _____

Type of Business: A/C & Htg Apt Maintenance Refrigeration
 Institutional Bldg Maintenance
 International / Export Wholesale / Resale

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

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

Owner Signature

Date