

**AACA PARTS & SUPPLIES
CUSTOMER INFORMATION**

COMPANY NAME: _____

ACCT #: _____ OWNERS NAME: _____

ADDRESS: _____ DL #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ WEBSITE: _____

AIR CONDITIONING/REFRIGERATION CONTRACTOR: YES _____ NO _____ (IF YES, ATTACH COPY)

TAXABLE: YES _____ NO _____ (IF NO, COMPLETE TAX FORM)

EPA CERTIFICATION COMPLIANCE STATEMENT

EPA CERTIFIED: YES _____ NO _____ (IF YES, COMPLETE LOWER SECTION)

THE FOLLOWING ARE THE NAMES AND CERTIFICATE DATA FOR OUR EMPLOYEES WHO POSSESS A VALID EPA REFRIGERANT CERTIFICATE;

NAME	CERTIFICATE #	TYPE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

THE FOLLOWING ARE THE NAMES OF THE PERSONS AUTHORIZED TO PICK UP REFRIGERANT, REPRESENTING ONE OR MORE OF THE CERTIFIED TECHNICIANS ABOVE;

1. _____ 2. _____

ATTACHED IS A COPY OF EACH TECHNICIAN'S CERTIFICATION CARD AND DRIVERS LICENSE FOR PROPER IDENTIFICATION. THIS INFORMATION IS ACCURATE AS OF THE DATE OF THIS FORM. ANY CHANGE IN THE STATUS OF THE ABOVE NAMED CERTIFICATE HOLDERS AND ADDITIONS OR DELETIONS TO THE LIST ARE THE RESPONSIBILITY OF THE UNDERSIGNED.

PLEASE PRINT AUTHORIZED NAME AND TITLE

AUTHORIZED SIGNATURE

DATE

FOR AACA USE ONLY

CUSTOMER CLASS:

COMM _____ COMMLRG _____ RNC _____ RNCLRG _____ SVC _____

SVCLRG _____ SPLY _____ SPLYLRG _____ SUPSV _____ SUPSVLRG _____