



CASH ACCOUNT STATUS REQUEST

ALL INFORMATION PROVIDED HELD IN STRICT CONFIDENCE

This is NOT a credit application. Credit will only be considered after completion of the Request for Credit form #H1406.

CUSTOMER INFO		
COMPANY NAME		PRIMARY CONTACT
Business Address		Shipping Address (If Different)
Email		
Business Phone#	Cell Phone#	
Fax#	Phone# (If Different)	Fax# (If Different)

EPA CERTIFICATION INFO

PLACE EPA CARD HERE

DRIVER'S LICENSE INFO (If you pay by check, provide the Principal's name and driver's license # and attach a copy of the actual license.

PLACE DRIVER'S LICENSE HERE

COMPANY INFO

TYPE OF BUSINESS:		
<input type="checkbox"/> RESIDENTIAL HVAC	<input type="checkbox"/> COMMERCIAL HVAC/R	
<input type="checkbox"/> FACILITIES MANAGEMENT	<input type="checkbox"/> GOVERNMENT	
Tax Exempt# (Attach a signed, completed Tax Exemption form for your state)		
PO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to receive promotional mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year Business Started?	# Service Vehicles	# Service Techs

PLACE BUSINESS CARD HERE

FAX / E-MAIL CONSENT: I / We hereby give permission to Sid Harvey's to transmit unsolicited communications (sales, product info) to me / us at our fax number and / or email address.

Authorized by _____ Sign here _____

FOR INTERNAL USE ONLY

COMPLETED BY BRANCH

Date	Primary Branch#	Other Location	Salesperson
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COMPLETED BY CREDIT DEPARTMENT

Date Assigned	Date of Branch Notification	Customer#
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PLEASE bring completed application to any Sid Harvey location for review .

WEB CASH APP