



www.johnstonesupply.com

APPLICATION FOR CASH ACCOUNT

Send Application to:

Johnstone Supply
Accounts Receivable
1640 East Kemper Road
Cincinnati, OH 45246
Fax: (513) 772-4355

Company Name
Contact
Address
City, State Zip County
Phone # Fax #
Email

Please answer a few questions to help us better serve you.

1. Do you advertise, if so where?

Yes No

2. What is your Federal Tax I.D.#?

3. What is your PRIMARY Business Segment? (Check one)

- Residential (RES)
Light Commercial (LCO)
Refrigeration (REF)
Facilities (FAC)
Education (EDU)
Government (GOV)
Mechanical (MEC)
Plumbing (PLU)
Other (OTH)

4. What is your SECONDARY Business Segment? (Check one)

- Residential (RES)
Light Commercial (LCO)
Refrigeration (REF)
Facilities (FAC)
Education (EDU)
Government (GOV)
Mechanical (MEC)
Plumbing (PLU)
Other (OTH)

5. What is the size of your company? (Check one)

- 1 Truck/Tech (SM)
2 to 5 Trucks/Techs (MD)
6 to 9 Trucks/Techs (LG)
10 to 24 Trucks/Techs (XL)
25+ Trucks/Techs (XX)

6. What is your customer type (Check one):

- Install, Repair, and/or Maintenance (IRM)
New Construction (NCO)
Unknown (ZZZ)

8. The following people are authorized buyers for our company:

1.
2.
3.
4.
5.
6.
7.
8.

Authorized Buyer's Signature

Counterperson Signature

Manager's Approval

Date: Comments

Please Note: It takes 1-2 weeks to process this application. Johnstone Supply has the right to deny.

Revised: 5/20/2015



# EPA CERTIFICATION COMPLIANCE STATEMENT

<b>COMPANY NAME:</b>
<b>ACCOUNT:</b>
<b>ADDRESS:</b>
<b>CITY, STATE &amp; ZIP:</b>
<b>PHONE NO.:</b>
<b>FAX NO.:</b>

Following are the names and certificate data for our employees who possess a valid EPA Refrigerant Certificate

Name	Certificate #	Certification Type

Following are those persons authorized to pick up refrigerant, representing one or more of the certified technicians above.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Attached is a copy of each technician's certification card. The above information is accurate as of \_\_\_\_\_ (date). Any change in the status of the above named certificate holders and additions or deletions to the list are the responsibility of the signatory of this document.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Please print or type authorized name Authorized signature

**X** \_\_\_\_\_  
 Title

**Return this form and copies of Certification Cards to Johnstone Supply or Fax to (513) 772-4355**

Revised: 9/28/2011