

## COD/OVER THE COUNTER CUSTOMER INFORMATION SHEET PARTS ONLY

BUSINESS NAME:			
MAILING ADDRESS: _	(STREET)		
_	(CITY)	(STATE)	(ZIP CODE)
PHONE #:		FAX #:	
E-MAIL:			
ACCOUNTS PAYABLE	CONTACT:		
SALES TAX STATUS (if	exempt, resale certif	icate must be attached)	
TAXABLE	EXEMPT		
CONTRACTOR I	LICENSE #:		
REFRIGERATIO	N CERTIFICATION #: _		
FEDERAL TAX I	D #:		
items. Refunds on wa		chases must be paid for at the time e made once the item is returned r.	
		e. you must complete and return ou e ask anyone at our parts counter f	
SIGNATURE:			
PRINT NAME:			
DATE:			