



16910 West 116th Street, Lenexa, KS 66219 Phone: 913-307-7600 Fax: 913-307-7681

**ACCOUNT APPLICATION**  
**PLEASE PRINT AND FILL OUT COMPLETELY**

Company Name: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Classification: ☐ Corporation ☐ S-Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

If Corporation (check one): ☐ Corporate Office ☐ Branch ☐ Franchise

Federal ID #: \_\_\_\_\_ Date Business Started: Mo/Yr: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

Will A/C Equipment or Refrigerant be purchased? ☐ No ☐ Yes - if yes, attach copy of Refrigerant Certificate

General Customer Base: ☐ Mostly Residential ☐ Mostly Commercial ☐ Residential and Commercial

Do you require Purchase Orders? ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tax Information:**

☐ Taxable ☐ Non-Taxable or Exempt (Attach Multi-State Exemption Certificate or provide your signed copy)

Please note, this application is for a **“Good Funds Only”** account (Cash, Credit Card, Certified Check or Money Order). All credits and warranties will be in the form of an in-store **merchandise credit**. **No personal or company checks**. If an extension of credit, or other payment option is requested, then a full credit application will need to be completed.

**E-mail completed form to [creditapps@oconnorhvac.com](mailto:creditapps@oconnorhvac.com) or fax to 913-307-7681.**

**FOR OFFICE USE ONLY BELOW THIS LINE**

Territory: \_\_\_\_\_ Date: \_\_\_\_\_ Acct #: \_\_\_\_\_

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