

APPLICATION FOR CASH/COD ACCOUNT

**THERMAL SUPPLY, INC.**

717 S Lander St, Seattle, WA 98134  
(206) 624-4590 – FAX (206) 625-9370

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_ Cell# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_ Corporation \_\_\_ Sole Proprietor \_\_\_ Partnership Email Address \_\_\_\_\_

How Long in Business? \_\_\_\_\_

If Less than one year, a brief history of your work experience:

\_\_\_\_\_

EPA Cert # \_\_\_\_\_ (If applicable, please attach a copy)

Construction Contractors Board # \_\_\_\_\_ State \_\_\_\_\_

(required if you are purchasing equipment, please attach a copy)

Business License# \_\_\_\_\_ (please attach a copy)

Drivers License # \_\_\_\_\_

For States of Washington & Idaho Only: Taxable? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not taxable: Please fill out ST101 for the State of Idaho or

Please attach copy of Resale Certificate for the State of Washington

Items you are interested in purchasing from Thermal Supply: \_\_\_\_\_

**Please attach copies of your Contractors License, EPA Card, and Resale permit (if applicable)**

We accept MasterCard, Visa, & check cards. Checks only accepted for amount of purchase with check guarantee card or management approval. \$35 service charge for NSF checks.

I understand this application is for information purposes only and does not constitute an application for an open account. Thank you for your time.

\_\_\_\_\_  
Signature/Owner or Authorized Agent

Printed Name: \_\_\_\_\_

06/20/14