



Cash Account Application

Office: 281-530-2859 / Fax: 281-776-1969

applications@centuryac.com

Sales Rep: _____

Legal Name of Firm: _____

Mailing Address:

Physical Address:

Phone: (_____) _____

Fax: (_____) _____

Owner Name: _____

Phone: (_____) _____

Email Address: _____

Which location do you primarily purchase from: _____

Type of Business: HVAC: Residential/Light Commercial Circle Specialty: Apt. Maintenance Bldg Maintenance
 HVAC: Mechanical/Commercial Contractor Wholesale/Resale Refrigeration Institutional

Please attach a copy of: EPA Certification TACL TDL Certification of Tax Exemption

I understand that the information provided on this application is warranted to be true.

Print Name and Title

Date

Owner Signature



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Dallas, TX 75220

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