



Comfort Control Supply Co., Inc. dba JOHNSTONE SUPPLY

www.johnstone-westmichigan.com

MUSKEGON: 1840 Industrial Blvd, 49442 • 231-777-2727 • fax 777-1730 • 1-800-442-0271
 GRAND RAPIDS: 4757 Clyde Park SW, 49509 • 616-532-8188 • fax 532-0523 • 1-800-825-5525
 KALAMAZOO: 1000 King Highway, 49001 • 269-978-1600 • fax 978-1630 • 1-888-978-6363
 HOLLAND: 2127 112th Ave Suite A, 49424 • 616-392-9239 • fax 394-9277 • 1-888-267-0030
 COMSTOCK PARK: 3642 Mill Creek Dr NE, 49321 • 616-784-0808 • fax 784-0011 • 1-866-935-6088

APPLICATION FOR COD ACCOUNT

Business Name _____

Street Address _____ P.O. Box # _____

City _____ State _____ Zip Code _____

Telephone # _____ Cell # _____

E-mail Address _____ Fax # _____

Principals _____

Name Title

Name Title

Authorized Buyers _____

Purchase Order Required? yes no

LICENSING INFORMATION

Comfort Control Supply Co., Inc. sells equipment only to firms or individuals holding a current "State of Michigan Mechanical Contractors License." Please indicate below and **attach a copy of the primary license of record** for your account.

License Issued To	License #	License Expiration Date

REFRIGERANT CERTIFICATION

By order of the EPA, Comfort Control Supply Co., Inc. may sell refrigerant and certain items utilizing refrigerant only to individuals that hold a valid EPA certification card. Please fill out the following information for our records and **attach copies of the individual certification cards**, as required by the EPA.

Name	Certification Number	Certification Levels	Issuing Organization

If purchases made on this account are to be tax exempt, please return a completed Michigan Sales & Use Tax Certificate of Exemption (form 3372). Taxes will not be removed without form 3372 being on file.

We agree to accept cod terms as above and accept full financial responsibility for all charges made to our account. We swear that the information given is true and correct.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____