



16910 West 116th Street, Lenexa, KS 66219 Phone: 913 307 7600 Fax: 913 307 0177

### PREPAID ACCOUNT APPLICATION

E-mail completed form to [creditapps@oconnorhvac.com](mailto:creditapps@oconnorhvac.com) or fax to 913 307 0177

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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