

New Customer Intake Form



REFRIGERANT WHOLESALE
freezeprollc@gmail.com
501-259-7309

Please complete and submit to email provided

Name: _____

Business Name: _____

Billing Address: _____

Delivery Address: _____

*Please Note- An intake form must be completed for every delivery location

Phone Number: _____

E-mail: _____

EPA License Number(required): _____

Resale Certificate? Yes No

Please attach copies of EPA license and resale certificate to email- otherwise form is considered incomplete and no orders will be placed

If "NO" please sign below to acknowledge that you will be responsible for paying your own sales taxes for any purchase made with Freeze Pro

Signature: _____ Date: _____