



Koch Air Employee: \_\_\_\_\_

**COD ACCOUNT APPLICATION**

Legal Business Name \_\_\_\_\_

D/B/A (Trade Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Taxable: \_\_\_\_\_ Tax Exempt: \_\_\_\_\_ Social Security/Federal ID No: \_\_\_\_\_

*If Tax exempt, must attach copy of exemption certificate*

Owner's Driver License # \_\_\_\_\_ **Attach a Copy of Valid Driver License**

A/P Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EPA CERTIFICATION**

Technician's Name \_\_\_\_\_ ID Number \_\_\_\_\_

**Please attach a copy of the technician's EPA certification card to handle refrigerant.**

\_\_\_\_\_  
Please print or type authorized name

\_\_\_\_\_  
Authorized signature

Or

I certify that the above mentioned company will not be installing the Air Conditioning equipment or handling any refrigerant that may be required during the installation or service of the HVAC equipment being purchased from Koch AIR, LLC, and that all installation and service will be completed by a Licensed HVAC Contractor with an EPA Certification.

\_\_\_\_\_  
Please print or type authorized name

\_\_\_\_\_  
Authorized signature

**For customers doing business in Kentucky**

The Commonwealth of Kentucky – Department of Housing, Buildings and Construction requires equipment installers to be a "Licensed Master HVAC Contractor".

Please indicate the name and license number of the Master Contractor and attach a copy:

\_\_\_\_\_  
Name

M \_\_\_\_ \_\_\_\_ \_\_\_\_ Expiration Date \_\_\_\_\_  
License Number

**SEND TO:**  
**KOCH AIR LLC**  
**CUSTOMER FINANCE TEAM**  
**P.O. BOX 1167 EVANSVILLE, IN 47706-1167**  
**FAX: 812-962-5309 or email to [KACCREDIT@kochair.com](mailto:KACCREDIT@kochair.com)**