

Anaheim | 518 E. Ball Rd | 714-533-8413 Laguna Hills | 23211 Del Lago Dr | 949-951-4822 Long Beach | 2810 Temple Ave | 562-595-4822 Santa Ana | 520 E. Dyer Rd | 714-556-4822 www.JohnstoneOC.com | 800-494-4822

	CASI	H AND CHECK FORM		
Company Name	Mailing Addres	s	City, State & Zip	
Company Phone #	Company Fax	#	Email Address	
<u> </u>	<del></del>	//		
Name of Owner(s)		ation Since / Year Business		
Ownership: Corporation Partnership		Type of Business:	Residential Commercial Refrigeration	
Contractor License # Class	sification of License	Fed. Tax ID #	Resale Tax# (Resale Card Required)	)
	SHIPPING ADDRESS (I	F DIFFERENT FROM BILLING A	ADDRESS)	
Company Name	Mailing Address		City, State & Zip	
	SIGNA	TORY INFORMATION		
Company Principal or Officer (Authorized to S	Gign Checks)			
Name	Social Security		Phone #	
Home Address	City, State & Z	Zip		
Driver's License #	State		Expiration Date	
		THORIZED BUYERS		
PO number required? ☐ Yes ☐ N	No # of T	Technicians with EPA Cert	(Separate Form REQUIRED)	
Please indicate if names are to REPL	ACE or ADDE	ED to current list of	of authorized buyers.	
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	BA	NK INFORMATION		
I/WE			and all acetes collection, responsible atternor focus and sourt sector	that
			and all costsof collection, reasonable attorney fees and court costs mation provided and gather whatever credit history it considers	, liidi
necessary and appropriate, including but not limited to	obtaining a credit report on the con	npany owner, partner or guarantor.	HEREBY AUTHORIZE MY BUSINESS BANK TO RELEASE ALL	
			n a consumer credit report to release relevant credit information. Ints. This authorization shall be valid in original or copy form.	
nereby authorize all corporations, credit agencies and	регоото то гетевое вы тиотпайон (n	ney may have about the and thy accour	no. This authorization shall be valid in original or copy form.	
PERSONAL GUARANTEE SIGNATU	RE DATE	SSN#	THE POWER OF	