Credit Application



Please provide your company's W9 and ACH Information in conjunction with this Credit Application.

The undersigned understands that the following information is submitted for obtaining credit information and authorizes the investigation of this information:

and invodingation of	ano imormationi					
Hudson Technolog	ies Account Manager:					
Bill To Company N	ame:					
Address:						
City:			State:			Zip:
Telephone #:	F	Requested Credit Limit:				
Accounts Payable 0		Accounts Payable Ph			none #:	
Accounts Payable I					Years Established:	
Corporation	Partnership	Proprietors	hip	Duns#:		
Corporate Owners	hip Structure:					
Division of	Subsidiary of	N/A				
Principals and/or 0	Officers:					
Name:	Title:					
Address:			City/State/Zip:			
Name:			Title:			
Address:	City/State/Zip					
Financial Informat	ion:					
Bank Name:	ank Name:			t #:		Phone #:
Address:	ress:			te/Zip:		
Trade References/	Creditor:					
Name:			Address:			
Telephone:			Email Address:			
Name:			Address:			
Telephone:			Email Address:			
Name:		A	Address	; :		
Telephone:		E	Email A	ddress:		
Certification for Refrigerant Purchases Attached:				:	YES	NO
	x Exempt:				YES	NO
I hereby state the ab	ove is correct and complet	e. Hudson Techn	ologies	, Inc. is au	thorized to	investigate the information stated

above and the financial condition of the applicant. I am duly authorized to execute this application on behalf of the applicant.

Date:

www.hudsontech.com

Signed:

Certification for Refrigerant Purchases



We submit the following to serve as verification that we are authorized to purchase Class I, Class II, and all regulated refrigerants under one of the following qualifications:

THE SUBSTANCE(S) purchased is not intended for use as a refrigerant (not used for heat transfer purposes and to provide a cooling effect). EPA TECHNICIAN CERTIFICATION - We have, or employ, at least one technician who has been certified in accordance with EPA regulation 40CFR 82 subpart F or subpart B (Section 608, HVAC or Section 609, Motor Vehicles). A copy of the certification is enclosed. (Wallet Card) Name of Certified Employee: RESALE - All refrigerants purchased by our company are only for eventual resale to certified technicians or other purchasers authorized to purchase regulated refrigerants. SERVICE CONTRACT - We have a current service contract with a company that employs an EPA certified technician and the refrigerant will be charged into a appliance by a certified technician. Enclosed is a copy of their employee's certification card or certificate. Name of Service Company: Service Company Address: Name of Certified Employee: We agree to advise Hudson Technologies Company of any changes of employees or status that may affect our qualifications to purchase refrigerants. Certification form completed by: Company: Name:

Signature: Date:

Title:

Address:

Telephone:

Email Address: