## **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:

ine investigation of th	is information.						
Hudson Technologie	es Account Manager:						
Bill To Company Nar	me:						
Address:							
City:			State:			Zip:	
Telephone #:			Requested Credit Limit:				
Accounts Payable Co		Accounts Payable Phone #:			hone #:		
Accounts Payable Inv	oice Email Address:					Years Established:	
Corporation	Partnership	Propriet	orship	Duns#:	:		
Corporate Ownershi	p Structure:						
Division of	Subsidiary of	N/A					
Principals and/or Of	ficers:						
Name:			Title:				
Address:			City/Sta	ate/Zip:			
Name:			Title:				
Address:			City/Sta	ate/Zip:			
Financial Information	n:						
Bank Name:			Account #:			Phone #:	
ddress:			City/State/Zip:				
Trade References/C	reditor:						
Name:			Addres	s:			
Telephone:			Email A	ddress:			
Name:			Addres	s:			
Telephone:			Email A	ddress:			
Name:			Addres	s:			
Telephone:			Email A	ddress:			
Certification for Refrigerant Purchases Attac				d:	YES	NO	
	Exempt:				YES	NO	
hereby state the above	e is correct and complet	te Hudson Tea	chnologies	Inc is all	thorized to	o investigate the information	n sta

I hereby state the above is correct and complete. Hudson Technologies, Inc. is authorized 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.

Signed: Date:

## **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: Title: Address: Telephone: **Email Address:** 

Signature:

Date: