



Mastercool[®]
"World Class Quality"

Authorized Service Center Application

Thank you for your interest in becoming a Mastercool Authorized Service Center. Please complete this application and email a signed PDF (or digitally signed) copy to: larry@mastercool.com

Company Name:		
Physical Address:		
City:	State:	Zip:

Billing Address:		<input type="checkbox"/> same as physical address
City:	State:	Zip:

Contact Name:	
Email:	
Telephone:	Fax:

Business Tax ID # (federal or state ID)			
Date company was established?			
Ownership Type:	<input type="checkbox"/> Individual/Sole Proprietor		
	<input type="checkbox"/> Partnership	State Registered:	
	<input type="checkbox"/> LLC or LLP	State Registered:	
	<input type="checkbox"/> Corporation	State Registered:	

Principal Owner (1):		Title:	
Principal Owner (2):		Title:	
President/Senior Exec:		Title:	
Purchasing Contact:		Telephone:	
Accts Payable Contact:		Telephone:	

Primary Market:	<input type="checkbox"/> Automotive	<input type="checkbox"/> HVAC/R
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How did you hear about Mastercool products? :				
<input type="checkbox"/> Google	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	<input type="checkbox"/> Industry	<input type="checkbox"/> Other:
What other manufacturer lines do you service?:				

REFERENCES:	
NAME:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	

NAME:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
NAME:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	

AUTHORIZED SIGNATURE:

By submitting this application, you certify you have received, read and understand the Standard Terms and Conditions of Sale document and that the information supplied in this application is true and correct. The parties agree to accept a digital image of this signed document as executed, as a true and correct original and admissible as best evidence to the extent permitted by a court with proper jurisdiction. You further agree that your signature below may appear digitally and is the legally binding equivalent of a traditional handwritten signature.

SIGNATURE	TITLE	DATE