

## **AUTHORIZATION**

PURCHASE & DELIVERY
CFC & HCFC
(and related)
PRODUCTS

This form is required to authorize certain personnel to purchase or accept delivery of refrigerant on behalf of a certified technician.

Glen Burnie MD 21060-6495

## SECTION 1 Company Information (Must be complete)

SECTION 1 Company	information (iviust be complete)			
Company Name		Account Numb	Account Number	
. ,				
Address	City	State	Zip	
Phone	Fax	E-Mail		
SECTION 2 Certified T	echnicians			
List names and certificate nur one name on the list at all tim	mbers and attach a copy of their certifica	tion card if not previously	submitted. There must be at least	
1				
2				
3				
4				
5				
above. In accordance with	orized to purchase or accept delivery on EPA regulations, you may designate "			
1	6			
2	7			
3	8			
4	9			
5	10			
It is th	ne technician's responsibility	to keep this form	updated.	
	Please email to CFC@remichel.co	om or fax to 410-412-25	95	
Signature		Mail to:		
Name		R.E. Michel Company, LLC		
		Credit Department One R.E. Michel Drive		
Name Title/Position		R.E. Michel Credit Depa	artment	