

DISTRIBUTOR CORPORATION OF NEW ENGLAND

www.dcne.com

Malden – Corporate Headquarters & Branch • 767 Eastern Ave. Malden, MA 02148 • Phone 800-347-8804 • Fax 781-322-4502
Westwood MA Branch • 384 University Ave Westwood, MA 02090 • Phone 800-959-7278 • Fax: 781-461-246
Salem NH Branch • 7 Raymond Ave Bldg D Unit 3 Salem NH 03079 • Phone: 800-288-3621 • Fax: 603-894-0032
Westbrook ME Branch • 4 Thomas Dr Westbrook ME 04092 • Phone: 800-266-4321 • Fax: 207-828-8076
Cranston RI Branch • 999 Pontiac Ave Cranston RI 02920 • Phone: 800-447-9058 • Fax: 401-330-1971

**MEMBER NACM
COD APPLICATION
PLEASE PRINT**

Date: _____

LEGAL Company Name ("Applicant"): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Billing Address (if different) _____ City: _____ State: _____ Zip: _____

Phone (Land Line): _____ Fax: _____ Cell: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Accounts Payable Contact Name: _____ Phone: _____

Email: _____

Legal Status: Sole Proprietor (Individual) Partnership Corporation LLC Other _____

Taxable: YES NO (If NO, a copy of your sales tax exemption certificate MUST accompany this application.)

WE HOLD THE FOLLOWING LICENSES: **(THIS LINE MUST BE COMPLETE ALSO ENCLOSE A COPY OF YOUR LICENSE)**

(CLASS) (NO.) (CITY/STATE) (CLASS) (NO.) (CITY/STATE)

EPA REFRIGERANT CERTIFICATION NO. _____

In the event an invoice is past due, the Applicant agrees to pay interest on the unpaid amount at a rate equal to the maximum amount permitted by law. It is further agreed that if it becomes necessary for the account to be placed in the hands of an attorney or collection agency, Applicant agrees to pay any and all costs of collection including reasonable attorneys' fees and all court costs. Parties agree that the laws of the Commonwealth of Massachusetts will govern, without regard to its conflict of laws provisions. Any action by the Applicant brought in connection with this Agreement shall be brought only in the state or federal courts located in the Commonwealth of Massachusetts. Applicant does hereby consent to jurisdiction in the Commonwealth of Massachusetts for any suit that Distributor Corporation of New England may bring to collect any amounts owed by Applicant on account of any transactions hereunder.

Dated _____ Company Name: _____

By: _____ Its: _____

SIGNATURE

Printed Name: _____

PLEASE NOTE: In order to set an account up in our system we have to be able to read this application