

EPA Certification Information

Today's Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

(As it appears on card)

Company Position: _____

(Foreman, Supervisor, Engineer, etc.)

Certification Number: _____

Please place your EPA card in space below and photo copy

PLEASE DO BOTH OF THE FOLLOWING:

FAX a copy of the form with your EPA card on it to: 217-356-1768

Send the form with your copied EPA card to: Rogers Supply Co, attn: Credit Department
350 N. Walnut Street, Champaign, IL 61820

For questions about this form, please call 800-252-0406



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