

# Resale Agreement

I fully understand that I am purchasing refrigerants only for the eventual resale to certified technicians.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Resale Tax ID#: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

Order Number \_\_\_\_\_

Please send by Email or Fax

Fax to 905 671 4223

Email to [info@duracool.com](mailto:info@duracool.com)

**PROVIDE COPY OF EPA  
CERTIFICATION HERE  
IF APPLICABLE**