



3 YEARS WARRANTY REGISTRATION FOR AIR CONDENSING UNIT BC - BH 14A & 15A

DATE OF INSTALLATION: _____

MODEL#: _____

INSTALLATION TYPE:

SERIAL#: _____

- ☐ RESIDENTIAL ☐ SINGLE FAMILY ☐ NEW HOME
☐ COMMERCIAL ☐ MULTI-FAMILY ☐ REPLACEMENT OF EXISTING CONDENSER

INSTALLATION CONTRACTORS NAME: _____

CONTRACTOR'S BUSINESS NAME: _____

ADDRESS: _____

OWNERS FULL NAME: _____

OWNERS FULL PHYSICAL ADDRESS: _____

PHONE: () _____ - _____

EMAIL: _____

WHO MADE THE DECISION TO PURCHASE THIS CONDENSER?

- ☐ CONTRACTOR/INSTALLER ☐ HOME OWNER ☐ HOME BUILDER/DEVELOPER ☐ OTHER

WHO IS COMPLETING THIS WARRANTY REGISTRATION?

- ☐ CONTRACTOR/INSTALLER ☐ HOME OWNER ☐ HOME BUILDER/DEVELOPER ☐ OTHER

IT IS IMPORTANT THAT YOU REGISTER YOUR WARRANTY WITH US

PLEASE MAIL TO:

ALLSTYLE COIL COMPANY
P.O. BOX 40696
HOUSTON, TX 77240

THANK YOU!

