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 BUISNESS NAME:_____

ADRESS:_____

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!