LIMITED 1 YEAR WARRANTY REGISTRATION FOR R407 AIR CONDITIONER

DATE IF INSTALLATION: _____ **MODEL #:** _____

INSTALLATION TYPE: **SERIAL #:** _____

☐ RESIDENTIAL ☐ SINGLE FAMILY ☐ NEW HOME

☐ COMMERCIAL ☐ MULTI-FAMILY ☐ REPLACEMENT OF EXISTING CONDENSER

INSTALLING CONTRACTOR'S 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!