



5 YEAR WARRANTY REGISTRATION FOR EVAPORATOR COILS AND AIR HANDLERS

DATE OF INSTALLATION: _____ MODEL #: _____

INSTALLATION TYPE: _____ SERIAL #: _____

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

INSTALLING CONTRACTOR'S NAME: _____

CONTRACTOR'S BUSINESS NAME: _____

ADDRESS: _____

COIL CONFIGURATION:

- ☐ UP-FLOW ☐ DOWN-FLOW ☐ HORIZONTAL

OWNERS FULL NAME: _____

OWNERS FULL PHYSICAL ADDRESS: _____

PHONE: () _____ - _____ EMAIL: _____

WHO MADE THE DECISION TO PURCHASE THIS COIL?

- ☐ 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!

