

Appendix H – Dealer Transfer Form



Contractor/Dealer: Send this form to your distributor.

Distributor: Send this form to -
Carrier Corporation
Warranty Administration, Tr-18S
P.O. Box 4808
Syracuse, NY 13221

OPTIONAL WARRANTY PROGRAM CONTRACTOR / DEALER TRANSFER FORM

CURRENT DEALER

Contract No. _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Area Code _____ Phone Number _____

Check one: Incorporated Unincorporated Individual

Federal Tax Identification Number (Business) _____

Social Security Number (Individual) _____

Name of contractor / dealer owner or general manager _____

DEALER TO RECEIVE CONTRACTS

Company Name _____

Address _____

City _____ State _____ Zip _____

Area Code _____ Phone Number _____

Check one: Incorporated Unincorporated Individual

Federal Tax Identification Number (Business) _____

Social Security Number (Individual) _____

Name of contractor / dealer owner or general manager _____

"I have read the current Optional Warranties Dealer Program Guide and agree to its terms and conditions." _____ (Initial)

Contractor / dealer authorization signature _____

Please forward to your Distributor for completion.

FOR DISTRIBUTORS USE ONLY

Distributor company name _____

Distributor authorized signature _____

Distributor computer ID number, 7 digit _____

Receiving Dealer's computer ID number, 5 or 6 digit _____