

Appendix I – Homeowner 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 HOMEOWNER TRANSFER FORM

Contract No. _____

ORIGINAL HOMEOWNER

Name _____

Address _____

City _____ State _____ Zip _____

Area Code _____ Phone Number _____

HOMEOWNER TO RECEIVE CONTRACT

Name _____

Area Code _____ Phone Number _____

"This optional warranty has been explained to me and I agree to its terms and conditions." _____ (Initial)

Homeowner signature _____

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 _____