Warranty Express Address or Business Name Change

Place of Business and Address for Notices:

Dealer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: ( ) _____ Fax Number: ( ) _____

Cellular Number: ( ) _____ E-mail Address: _____

Type of Entity: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Federal Tax PIN: _____ Dealer Account Number _____

Requested Labor Rate installs prior to September 1,2023 _____
Approved Labor Rate (completed by Daikin)_____
Installs on or after September 1, 2023 will be based on the labor rate payout purchased under the plan.

Company

Address: 19001 Kermier Rd _____

City: Waller _____ State: Texas _____ Zip Code: 77484 _____

IN WITNESS WHEREOF, the parties have executed this Agreement on the Effective Date.

COMPANY: Company

By: _____
Print Name: Tori Brandum
Title: Director, Daikin Warranty

DEALER: Dealer Name: _____

By: _____
Print Name: _____
Title: _____

Date: _____

The undersigned Daikin independent distributor hereby executes this Agreement for the purpose of certifying that it believes that the Dealer named herein can meet the dealer obligations outlined in Section 6:

DISTRIBUTOR: Distributor Name: _____

By: _____
Print Name: _____
Title: _____

All signed copies should be returned to: 19001 Kermier Rd, Waller, Texas 77484 for execution by Company.

Complete and return to warranty@hvacdist.com