

Warranty Express Address or Business Name Change

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 \$ _____ Approved Labor Rate (completed by Goodman) \$ _____

Company

Address: 5151 San Felipe Street Suite 500 _____

City: Houston _____ State: Texas _____ Zip Code: 77056 _____

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

COMPANY:

Company

By: _____

Print Name: Laura Khouanmuong

Title: Goodman Warranty Analyst

DEALER:

Dealer Name: _____

By: _____

Print Name: _____

Title: _____

Date: _____

The undersigned Goodman 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 5151 San Felipe, Suite 500, Houston, Texas 77056 for execution by Company.

Complete and return to warranty@hvacdist.com.