Mitsubishi Electric Cooling & Heating USA Application Order Form

for Diamond Dealers

Applications must be received within 30 days of sale.

Items in **bold** are required.

Dealer Information

Dealer Name: _____ **Dealer ID:** _____

Order Submitted By: _____ **Contact Phone or Email** *(for questions concerning this order)*: _____

If you are not sure of your Dealer ID for this program, please provide the below information.

Address: _____

City: _____ *State:* _____ *Zip Code:* _____ *Country:* ☑ *USA*

Phone: _____ *E-mail:* _____

Customer Information

Equipment Owner: _____
(Company Contact) *(First)* *(Last)*

Installation Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** ☑ USA

Company Name: _____

Phone: _____ E-mail: _____

Coverage Details *Refer to pricing sheet for availability.*

Important: Mini-Split Air Handler **Add On** coverage requires Mini-Split System coverage. If ordering Mini-Split Air Handler Add On coverage, you must provide a) the Mini-Split system's contract number, or b) the serial # of the Mini-Split system's Condensing Unit AC or HP for contract verification purposes.

Mini-Split AC/HP Air Handler Add On Coverage: ☐ Not applicable ☐ Yes, and the verification serial number or contract number is: _____

Application of Equipment: ☑ Residential

Category: _____ Capacity: _____

Contract Purchase Date: Default **Date Installed:** _____
(Date sale is received by AIG or postmarked via US mail.)

Dealer PO: _____

Sku:	Term: ☑10 Year	Type: ☑ Parts & Labor Plus	Plan: ☑ 1	OEM Parts Warranty: ☑ 7 Year	Dealer Labor Warranty: ☑ 30 Day

New Product Information *Refer to pricing sheet for allowable products. Please note that products cannot be added to the contract at a later date.*

Installed Cost of Equipment: _____

Product Name:	**Brand:**	**Serial #:**	**Model #:**
Product Name:	Brand:	Serial #:	Model #:
Product Name:	Brand:	Serial #:	Model #:
Product Name:	Brand:	Serial #:	Model #:
Product Name:	Brand:	Serial #:	Model #:

Note: Remote controls are not covered.

Printing Options

Dealer Receipt Options: ☑ Mail Certificate of Coverage to the dealer address on record.

Customer Receipt Options: ☑ Mail Certificate of Coverage to the installation address.

IMPORTANT NOTICE: Parts coverage starts when OEM coverage ends. Labor coverage starts when Dealer labor coverage ends. Coverage must be sold within five (5) years of installation for Residential. Application must be received within thirty (30) days of sale. The equipment to be covered has a specific make, model, and serial number designated at time of manufacture. It is **your** responsibility to verify the **exact** information for each piece of equipment to be covered. If it is determined at time of claim or at any time during the term of the agreement that the make, model, and serial number(s) do **not** match the information contained in the application or actual agreement, coverage may be declined. A completed agreement will be sent to the purchaser and to the Dealer designated on this form within thirty (30) days from registration and acceptance by AIG.

Equipment Owner Signature: _____ **Dealer Signature:** _____ **Date:** _____

Please mail, fax or email this completed form to AIG

Attention HVAC Support • PO Box 928 • Jeffersonville, IN 47130 • (t) 866-244-9985 • (f) 866-235-3441 • HVACSupport@sndirect.com