

# Memorandum

To: Nordyne Servicing Customers  
From: Yaun Company Inc.  
Date: 6/16/04  
Re: Update of Warranty Servicer Information

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Nordyne Corp is updating their Warrantee Servicer Information database. They now require all warranty providers to supply either Federal Tax ID or Principal's Social Security information to be placed on file before an further warranties are processed. In many cases this is the only change that is needed to their database. Please fill out the attached form for your customer information and add your own information completely. Although there is no place for SS number or Federal Tax ID please note it on the form and return to:

Yaun Company Inc.  
Attn: HVAC Department  
240 Chestnut Street  
Liberty, NY 12754

Thank you for your help in supplying this information. If promptly returned it should not hold up the processing of your credits.

Please do not hesitate to contact us with any questions.

Thank You

Burt

CONFIDENTIAL

*NORDYNE Use Only*  
NORDYNE Dealer Number: \_\_\_\_\_

# NORDYNE

## Dealer Enrollment Form

Date: \_\_\_\_\_

### General Information

NORDYNE Distributor Number: AM1962

NORDYNE Distributor Name: Yawn Co Inc

Name: \_\_\_\_\_

\* Federal Employee ID Number (FEIN): \_\_\_\_\_ or Social Security Number (SSN): \_\_\_\_\_  
Incorporated:  Yes  No

(You must include your FEIN or SSN in order for us to process your claims)

State License Number: \_\_\_\_\_

\* Company Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State/Province: \_\_\_\_\_ \* Zip/Postal Code: \_\_\_\_\_

\* Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_

Dealer Website: \_\_\_\_\_

\* Number of Employees: \_\_\_\_\_ \* Number of Service Technicians: \_\_\_\_\_ \* Hours of Operation: \_\_\_\_\_ AM to \_\_\_\_\_ PM

### NORDYNE Dealer Contacts

Please include all information.

#### Principle

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Web Site Primary Contact

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Accounts Payable \*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Service Manager

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax Back to <sup>(845)</sup> 292-5118

Reimbursement Claim Payment Method:  Check  Direct Deposit  Labor Credit

*Please attach voided check if using Direct Deposit method.*

Type of Service Work Performed:  
(check all that apply)

Residential  Commercial  Manufactured Hsg.

Please tell us what brand(s) you represent.

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**NORDYNE Dealer NATE Certified Technicians**

Certification Number	Name

Please use additional sheet if required

Hourly Call Rate \_\_\_\_\_

