

Memorandum

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

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 ⁽⁸⁴⁵⁾ 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.

NORDYNE Dealer NATE Certified Technicians

Certification Number	Name

Please use additional sheet if required

Hourly Call Rate _____

