

# **NORDYNE**

## **M3 Replacement Special 5 Year Watchdog Registration**

Complete form and mail to: **NORDYNE INC.**  
**Attn: Warranty Department**  
**P.O. Box 8809**  
**O'Fallon, MO 63368-8809**  
**or Fax: 636-561-7356**

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

Dealer Phone Number: \_\_\_\_\_

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

Dealer Street Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupancy/Install Date: \_\_\_\_\_

Furnace Serial Number: \_\_\_\_\_

Furnace Model Number: \_\_\_\_\_

Homeowner First Name: \_\_\_\_\_

Homeowner Last Name: \_\_\_\_\_

Homeowner Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

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