

CERTIFICATE OF GUARANTEE



PRODUCT
SERIAL#

Purchase Information

Client Name: _____ Date of Purchase: _____

Model #: _____

Name of Retailer: _____

Retailers Invoice Number: _____

Installation Information

Name of Installation Company/Installer: _____

Installers HVAC License #: _____

Date of Installation: _____

- THIS DOCUMENT MUST BE FILLED AND SENT TO SENVILLE® TO ACTIVATE YOUR WARRANTY.
- A COPY OF YOUR ORIGINAL PURCHASE INVOICE AND A COPY OF THE INSTALLERS INVOICE MUST BE ATTACHED TO THIS DOCUMENT.
- PLEASE EMAIL THEM TO SUPPORT@SENVILLE.COM OR FAX ALL WARRANTY RELATED DOCUMENTS TO 514-384-1838.
- YOU CAN ALSO VISIT WWW.SENVILLE.COM TO REGISTER YOUR WARRANTY ONLINE!