



Personal Use Request Form

Empire Comfort Systems will issue credit to the servicing Distributor in the amount specified in the table on the previous page. At the Distributor's discretion, this amount will be credited to the dealer. Claims must be accompanied by a copy of the invoice showing sale of an Empire product to the person named below.

Purchase Date: _____

Model: _____ Serial No: _____

Purchaser's Name: _____ Title/Position: * _____

Purchaser's Address: _____ City, ST, Zip: _____

Purchaser's Phone: _____ E-mail: _____

Dealership Name: _____ Phone: _____

Dealership Address: _____ City, ST, Zip: _____

Dealer Principal: _____

Dealer Principal Signature: _____

Distributor Name: _____

Distributor Contact: _____ Phone: _____

Distributor Address: _____ City, ST, Zip: _____

Personal Use Credit Amount (see Table): _____

* This program is available only for dealer principals, sales and marketing employees. Claims that omit title/position or which have titles or positions other than sales or marketing will be denied.

Mail, Fax, or E-mail completed form to:

Empire Comfort Systems, 918 Freeburg Avenue, Belleville, IL 62220

Fax: (618) 233-7097 or (800) 443-8648

E-Mail: info@empirecomfort.com

FOR EMPIRE USE ONLY:

Credit Issued:

Credit Memo #: