



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): _____

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 #: