



Making your home Green & Smart

DEALER SIGN-UP FORM



PLEASE PRINT OR TYPE

Business Name:		Date:	
Address:			
City:	State:	Zip:	
Primary Contact:		Phone Number:	
Fax Number:	Cell Number:		
Email Address:	Website:		

The parties agree that upon execution of the Dealer Sign-Up Form ("Dealer Agreement") by Trinity Warranty ("Trinity"), Dealer shall be authorized to offer the Trinity Extended Service Agreement ("ESA") for sale to its customers subject to the following conditions:

1. When the ESA has been processed and is sent to the Dealer, it is the responsibility of the Dealer to verify the accuracy of the information on the ESA. If there is a discrepancy, the Dealer is to notify Trinity immediately. Failure to notify Trinity may negate coverage in the future.
2. Dealer agrees to verify coverage (including but not limited to coverage dates and covered equipment) on the ESA prior to initiating any repairs.
3. Claims submitted to Trinity by the Dealer shall represent services actually performed by the Dealer on the equipment listed on the Trinity ESA.
4. Dealer shall have the right to refuse any service calls.
5. There is no overtime or holiday rate. There is only one (1) person per job allowed.
6. Dealer shall guarantee labor for 90 days on all repairs performed within the terms of the ESA.
7. Any ESA in which you are listed as Servicer of Record remains your customer to service as long as the Dealer remains in business or in the event that Trinity discovers fraud or misrepresentation on the part of the Dealer.
8. In the event that Trinity discovers fraud or misrepresentation on the part of the Dealer, Trinity shall promptly notify the Dealer of its evidence and findings. Upon notice, Trinity may take such actions as reasonable and necessary including, but not limited to, requiring the dealer to immediately terminate offering the Trinity Warranty, conduct an accounting review of the Dealer's records, or terminate this Dealer Agreement.

Any written modification to the information listed above shall not be effective or accepted without prior written consent of Trinity Warranty.

To complete your enrollment, please include the following with your completed information:

- ☐ W-9 Form
- ☐ Certificate of Insurance showing General Liability (state minimum is required) and Workers' Compensation
- ☐ Trinity Warranty must be listed as a certificate holder.

Your completed form may be submitted via email to enroll@trinitywarranty.com or fax to 312-445-8726.

I have read the above conditions that apply to this form.

WARECODEF0420

Signature	Date
Printed Name	Title



TRINITY WARRANTY • PO Box 5640, Villa Park, IL 60181
[T] 877-302-5072 • [F] 312-445-8726 [E] enroll@trinitywarranty.com