COMFORT VALUE BUNDLE

Reliance home comfort™

RENTAL HVAC EQUIPMENT DELIVERY REQUEST FORM

FAX toll free: 1-888-711-7281

PHONE toll free 1-888-499-7255

Builder Name: _____

Date : _____

Contact Person: _____

Site Supervisor Name: _____

Builder's Phone #: _____

Site Supervisor's Phone #: _____

Site Name: _____

Intersection: _____   **City:** _____

Delivery Address: _____
          NOTE : If different than installation address

Intersection: _____   *City:* _____

Step 1: Enter one address per order. If multiple homes with identical equipment, please attach a separate sheet listing individual addresses.

Total number of Products in bundle	Lot #	Civic #	Street Name	Postal Code	Home Owner's Name	Closing Date

Step 2: List all Products for this Address. Where applicable, specify the BTU or tonnage.

Product Selection	Requested Delivery Date	Product Selection	BTU or Tonnage	Requested Delivery Date
Power Vent 50 Gallon		Furnace - 92% - Single Stage - GKS		
Power Vent 60 Gallon		Furnace - 95% - Multi-Stage - ECM - GMV		
Envirosense PV, 90%, 76 MBtu (Premier)		A/C - 13 Seer - GSX		
Tankless Water Heater		A/C - 14 Seer - SSX		
Envirosense PDV, 96%, 100 MBtu (Vertex)				
Air Handler - RE 30				
Air Handler - RE 60		Other (please specify)		
HRV - Bronze Series 60 H / RNC 155				
HRV - Bronze Series 90 H / RNC 200				
HRV - Gold Series 1001				

All deliveries are Monday through Friday.   ***Lead time for delivery : 5 business days for tanks, 10 business days for furnaces and ACs, all other equipment is 20 business days.

Prior to scheduling delivery, all homes must have completely installed roofing, doors, windows and permanent stairs to the basement. We also require that the sites are accessible with no interfering scaffolding present at time of delivery. A signature and printed name is required for each delivery. Charges will be applied for each piece of equipment that is undeliverable.

I agree, the/all equipment was received in good condition when delivered to the above site(s).

REQUESTOR'S SIGNATURE: _____

RECEIVER'S SIGNATURE: _____

PRINT NAME: _____

PRINT RECEIVER'S NAME: _____

Form# CAMB2010