

2-10 Home Buyers Warranty®

Fax / E-mail Authorization Request

Fax to: 877-777-5562 or E-mail PDF as attachment to: **faxauthorizations@2-10.com** Date of Diagnosis: _____

Service Provider _____ Service Provider Fax # _____ Work Order # _____

Customer Name _____ Customer Address _____

Trade _____ Item Failed at Customer's Home: _____

Make _____ Model #: _____ Serial #: _____

Manufacture Date _____ Color _____ Features _____

Diagnosis: _____

Cause of Failure: _____

Are any components under manu. warranty? If yes, please list: _____

When did the failure occur? _____

Recommended Action _____ May HBW supply equipment if possible? _____

Repair Cost Estimate

Are the repairs an HBW Price Guide Line Item? _____

Table 1		Table 2	
Price Guide Job Code # (1): _____	Job Code \$: _____	Total Parts Cost:	\$ _____
Price Guide Job Code # (2): _____	Job Code \$: _____	Labor Cost:	\$ _____
Price Guide Job Code # (3): _____	Job Code \$: _____	Tax:	\$ _____
Price Guide Job Code # (4): _____	Job Code \$: _____	Service Call:	\$ _____
Price Guide Job Code # (5): _____	Job Code \$: _____		
Sub Total:	\$ _____	Sub Total:	\$ _____
Less Deductible:	\$ _____	Less Deductible:	\$ _____
Bill to HBWRC:	\$ _____	Bill to HBWRC:	\$ _____

Are there any non-covered charges for the homeowner? _____ What is the total cost? \$ _____

Breakdown of Non-Covered Charges _____

Additional Notes: _____

HBRWC Response: W/O Status _____ Authorization Code: _____ Amount \$ _____

Parts Order Status _____ Order # _____ Will Call At: _____

Comments: _____

Authorizers Initials _____ Date/Time Of Authorization: _____

*If repair or replacement is performed that is not covered by the warranty or is not authorized prior to work being completed your invoice will not be paid. Faxing or emailing this form does not guarantee authorization.