

# 2-10 Home Buyers Warranty®

# HVAC 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 \_\_\_\_\_

System Type \_\_\_\_\_ Unit Air Flow \_\_\_\_\_ Failed Equipment: \_\_\_\_\_

Indoor Make: \_\_\_\_\_ Indoor Model #: \_\_\_\_\_ Indoor Serial #: \_\_\_\_\_

Manufacture Date \_\_\_\_\_ Color \_\_\_\_\_ BTUs \_\_\_\_\_ Tons \_\_\_\_\_ SEER \_\_\_\_\_

Outdoor Make: \_\_\_\_\_ Outdoor Model #: \_\_\_\_\_ Outdoor Serial #: \_\_\_\_\_

Manufacture Date \_\_\_\_\_ Color \_\_\_\_\_ BTUs \_\_\_\_\_ Tons \_\_\_\_\_ SEER \_\_\_\_\_

Evap. Coil Model #: \_\_\_\_\_ Compressor Model #(if unit's not available): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Cause of Failure: \_\_\_\_\_

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

When did the failure occur? \_\_\_\_\_ Recommended Action \_\_\_\_\_

### 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: \_\_\_\_\_ Non-Covereds Approved?

\*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.