

## **Labor Allowance Plan** REGISTRATION

# Home Warranty...

## **Labor Allowance Plan** ION

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## **Labor Allowance Plan** REGISTRATION

#### **HOMEOWNER INFO/PROPERTY ADDRESS**

Street Address		
City / State / Zip Code		
Phone	Email Address	
	ONTRACTOR INFO	
	ONTRACTOR INFO	
Name		
Street Address		
City / State / Zip Code		
Phone	Email Address	
н	VAC SYSTEM INFO	•
Make of Unit	Install	Date
Make of Unit	Install	Date
Make of Unit	Install	Date
* Invoice/receipt must acco	mpany this registration.	
c	OVERAGE/PRICING	i
<ul><li>Furnace (\$200)</li><li>Boiler (\$200)</li><li>Air Handler (\$200)</li></ul>	O Evaporator Coil & Co O Heating & Cooling U	
,	KY, NJ, NM, NC, SD, WV):	\$
TOTAL TO HOME WARRA	ANTY:	\$
PAYMENT IN	FO (select a payme	nt method)
O Check O Credit/de	bit card (provide details be	elow)
Cardholder Name		
Card Number		
Expiration Date (mm/yy)	CVC no	umber
Cardholder Signature		

P.O. Box 1 • Rock Rapids, IA 51246

LAP-OrderForm-06/24/2024

Email: info@homewarrantyinc.com

R	Ε	G	I	S	T	R	Α	Τ

#### **HOMEOWNER INFO/PROPERTY ADDRESS**

Name		
Street Address		
City / State / Zip Code		
Phone	Email Address	
C	ONTRACTOR INFO	
Name		
Street Address		
City / State / Zip Code		
Phone	Email Address	
Н	VAC SYSTEM INFO	*
Make of Unit	Instal	l Date
Make of Unit	Instal	l Date
Make of Unit	Instal	l Date
* Invoice/receipt must acco	mpany this registration.	
C	OVERAGE/PRICING	G
<ul><li>Furnace (\$200)</li><li>Boiler (\$200)</li><li>Air Handler (\$200)</li></ul>	O Evaporator Coil & C O Heating & Cooling I	
Sales Tax (for AR, AZ, CT,	KY, NJ, NM, NC, SD, WV):	\$
TOTAL TO HOME WARR	ANTY:	\$
PAYMENT IN	FO (select a payme	ent method)
O Check O Credit/de	bit card (provide details b	elow)
Cardholder Name		
Card Number		
Expiration Date (mm/yy)	CVC r	number
Cardholder Signature		
RETURN completed form	n, invoice/receipt and pay	ment (if by check):
Mail: Home Warranty	of the Midwest, Inc.	

P.O. Box 1 • Rock Rapids, IA 51246

Email: info@homewarrantyinc.com

#### **HOMEOWNER INFO/PROPERTY ADDRESS**

Name		
Street Address		
City / State / Zip Code		
Phone	Email Address	
C	CONTRACTOR INFO	
Name		
Street Address		
City / State / Zip Code		
Phone	Email Address	
н	VAC SYSTEM INFO*	
Make of Unit	Install Date	
Make of Unit	Install Date	
Make of Unit	Install Date	
* Invoice/receipt must acco	mpany this registration.	
C	OVERAGE/PRICING	
<ul><li>Furnace (\$200)</li><li>Boiler (\$200)</li><li>Air Handler (\$200)</li></ul>	O Evaporator Coil & Condenser Coil (: O Heating & Cooling Unit (\$350)	\$2
Sales Tax (for AR, AZ, CT,	, KY, NJ, NM, NC, SD, WV): \$	
TOTAL TO HOME WARR	ANTY: \$	
PAYMENT IN	IFO (select a payment method	)
	ebit card (provide details below)	

O Air Handler (\$200)	
Sales Tax (for AR, AZ, CT, KY, NJ, NM, NC, SD, WV):	\$
TOTAL TO HOME WARRANTY:	\$
PAYMENT INFO (select a payme	ent method)
O Check O Credit/debit card (provide details b	elow)
Cardholder Name	
Card Number	
Expiration Date (mm/yy) CVC n	umber
Cardholder Signature	
RETURN completed form, invoice/receipt and pays	ment (if by check):

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Mail: Home Warranty of the Midwest, Inc.

Email: info@homewarrantyinc.com

P.O. Box 1 • Rock Rapids, IA 51246

Attn: LAP

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