

**TRANE®****Optional Extended Warranty
Program Invoice****FOR EXTENDED WARRANTY DEPT. USE ONLY**
 Dealer No.: _____
 Invoice No.: _____
 Invoice Date: _____
 Amt. To Pay: _____
 Account No.: **6-750901-6000**
 Signature/Date: _____

Before Submitting Invoice, verify that the work performed was covered under the Terms and Conditions of the Trane Extended Warranty Agreement. If the repair costs are expected to exceed \$700.00, you **MUST** obtain an Authorization Number from The Trane Extended Warranty Department at 1-800-554-6413 (before service is provided, if at all possible). Business hours are 8:00 AM – 4:30 PM Central Time. All Invoices **MUST** be submitted within 45 days of service date.

DEALER INFORMATION			CUSTOMER INFORMATION		
Name:			Name:		
Federal Tax ID No.:			Address:		
Trane Dealer No.:			City:	State:	Zip:
Address:			Extended Warranty Agreement No.:		
City:	State:	Zip:	Customer Complaint:		
Telephone No.: ()					
Dealer Invoice No. (If Desired):					
Authorization No.:					

EQUIPMENT REPAIRED	MODEL NUMBER	SERIAL NUMBER

DATE	WORK PERFORMED	HOURS	RATE/HOUR	LABOR AMOUNT

PARTS USED					
QUANTITY	PART NO.	DESCRIPTION	DEALER COST	MARK-UP	PARTS AMOUNT

See Pub. No. 26-1019 for complete claims instructions and Servicer Guidelines.	TOTAL LABOR	\$
Travel is not paid if the repair was made during routine maintenance calls or if the dealer is registered as Flat Rate.	TOTAL PARTS	\$
1) Use normal dealer cost if an in-warranty part is eligible for mark-up.	TRAVEL ALLOWANCE	\$
	CRANE RENTAL (If Applicable)	\$
	TAX RATE (If Applicable)	%
	TAX (If Applicable)	\$
BILL TO: The Trane Company, C/O Trane Extended Warranty Department, P.O. Box 9035, Tyler, Texas 75711-9035	TOTAL AMOUNT DUE	\$

I hereby certify that the repairs were done and that the information provided on this invoice is true and correct.

I hereby certify that the above repairs were done and completed to my satisfaction.

 SERVICER SIGNATURE / DATE

 CUSTOMER SIGNATURE / DATE