



## Trane Equipment Exchange Authorization

To ensure that your credits are processed in a timely manner, please return this completed form and all required documentation to the Ferguson HVAC FSR team within 15 days of unit replacement.

Dealer Name: \_\_\_\_\_

Dealer Account Number: \_\_\_\_\_

Dealer Address: \_\_\_\_\_

Dealer Phone#: \_\_\_\_\_

Original Unit Model#: \_\_\_\_\_

Original Unit Serial#: \_\_\_\_\_

Original Unit Start Date: \_\_\_\_\_

Type of Failure: \_\_\_\_\_

Replacement Unit Model#: \_\_\_\_\_

Replacement Unit Serial#: \_\_\_\_\_

Replacement Unit Start Date: \_\_\_\_\_

Replacement Unit Invoice#: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Consumer Address: \_\_\_\_\_

Consumer Phone#: \_\_\_\_\_

---

### Required Documentation:

1. Proof of original installation (Copy of consumer invoice or product registration)
2. Proof of replacement unit installation (Copy of consumer invoice or product registration)
3. Data Plate from original equipment
4. Completed Field Data Start Up Sheet (Attached)