

## LIMITED WARRANTY RENEWAIRE VENTILATION EQUIPMENT

1. (a) PARTS WARRANTY - RenewAire LLC warrants to the original end user of this product that should this product prove defective due to improper workmanship and/or material under normal use for a period of two years from the date of installation for commercial applications and for five years from the unit date code for residential applications. RenewAire LLC will repair or replace, at its option, any defective part without charge for the part. Replacement parts are warranted for the remainder of the original warranty period.
- (b) THIS WARRANTY DOES NOT INCLUDE LABOR or other costs incurred for servicing, repairing, removing, installing, shipping or handling of either defective or replacement parts, or complete unit. Such costs may be covered by a separate warranty provided by the installer.
- (c) EXTENDED 10-YEAR CORE WARRANTY - Should the energy recovery core prove defective due to improper workmanship and/or materials for a period of 10 years from the unit's date code, RenewAire LLC will repair or replace core at no charge. The repair/replacement shall be warranted for the remainder of the original warranty period. LABOR AND OTHER COSTS ARE NOT INCLUDED - See (b) above.
- (d) NOTICE. To obtain warranty services and/or parts replacement, you must notify a qualified RenewAire dealer or contractor of any defect within the applicable warranty period.
2. Any defective part to be replaced must be made available to RenewAire LLC in exchange for the replacement part. You must present proof of the original date of installation of the product or proof of the unit date code in order to establish the effective date of the warranty. The return of the owner registration card is not a condition of warranty coverage. However, please detach and return it so that we can contact you should a question of safety arise which could affect you.
3. TO OBTAIN WARRANTY SERVICE, please contact your dealer or contractor who installed this product. If your dealer or contractor needs assistance, his distributor is available for consultation, and RenewAire LLC supports his distributor's efforts.
4. This limited warranty applies only while the unit remains at the site of the original installation (except for mobile home installations) and only to units installed within the continental United States, Alaska, and Hawaii. This limited warranty applies only if the unit is installed and operated in accordance with RenewAire LLC's instructions and in compliance with applicable local installation and building codes and good trade practices.
5. THIS WARRANTY DOES NOT COVER damages caused by:
  - (a) accident, abuse, negligence, or misuse; (b) operating the product in a corrosive atmosphere containing chlorine, fluorine or any other damaging chemicals; (c) modification, alteration, repair or service by anyone other than an authorized RenewAire dealer or contractor; (d) improper matching or application of the product or components; (e) failure to provide proper maintenance and service to the product according to manufacturer's instructions; (f) installation or operating of the product in a manner contrary to the instructions of the manufacturer; (g) lightning, fluctuations in electrical power or other acts of God. This limited warranty also excludes all costs of installation, disconnection or dismantling the product, parts used in connection with normal maintenance such as filters or belts and owner-required maintenance. Consult the instructions enclosed with the product for information regarding recommended maintenance.
6. No one is authorized to change this LIMITED WARRANTY in any respect, or to create for use any other obligation or liability in connection with this product.
7. YOUR ONLY REMEDIES ARE PROVIDED IN THIS LIMITED WARRANTY. ANY EXPRESS WARRANTY NOT PROVIDED HEREIN, AND ANY REMEDY WHICH, BUT FOR THIS PROVISION, MIGHT ARISE BY IMPLICATION OR OPERATION OF LAW, IS HEREBY EXCLUDED AND DISCLAIMED. THE IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR ANY PARTICULAR PURPOSE ARE EXPRESSLY LIMITED TO A TERM OF ONE YEAR FROM THE DATE OF ORIGINAL INSTALLATION. UNDER NO CIRCUMSTANCES SHALL RENEWAIRE LLC BE LIABLE TO THE OWNER OR ANY OTHER PERSON FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH THIS PRODUCT, WHETHER ARISING OUT OF BREACH OF WARRANTY, BREACH OF CONTRACT OR OTHERWISE.
8. Some states do not allow limitations on how long an implied warranty lasts or do not allow the exclusion or limitation of incidental, special, or consequential damages, so the above limitations or exclusions may not apply to you.
9. This warranty gives your specific legal rights, and you may also have other rights that vary from state to state. This warranty is valid only in the U.S.A. and is not transferable.



Don't forget to register your RenewAire® products.

Mail this warranty card back immediately.



### THIS PORTION OF THE CARD TO BE MAILED FOR OWNER

|                                     |                      |
|-------------------------------------|----------------------|
| CUSTOMER NAME: _____                | MODEL NO. _____      |
| STREET ADDRESS: _____               | SERIAL NO. _____     |
| CITY: _____ STATE: _____ ZIP: _____ | PURCHASE DATE: _____ |
| DEALER: _____                       |                      |

*Thank you for choosing RenewAire. In our commitment to serve you better, please fill out this survey section below:*

**PLEASE CHECK ONE OR MORE OF THE FOLLOWING QUESTIONS PERTAINING TO THE UNIT YOU HAVE PURCHASED.**

| <ol style="list-style-type: none"> <li>1. Was the unit purchased for:                     <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Commercial use</td> <td><input type="checkbox"/> Residential use</td> </tr> </table> </li> <li>2. Was the unit purchased for:                     <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Existing building</td> <td><input type="checkbox"/> New Building</td> </tr> </table> </li> <li>3. If used commercially, unit was installed in a:                     <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> University</td> <td><input type="checkbox"/> Nursing Home</td> </tr> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Church</td> <td><input type="checkbox"/> Day Care Center</td> </tr> <tr> <td><input type="checkbox"/> Casino</td> <td><input type="checkbox"/> Printing Facility</td> <td><input type="checkbox"/> Detention Center</td> </tr> <tr> <td><input type="checkbox"/> Airport</td> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Smoking Lounge</td> </tr> <tr> <td><input type="checkbox"/> Auditorium</td> <td><input type="checkbox"/> Sporting Arena</td> <td><input type="checkbox"/> Wastewater Treatment</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> OTHER: _____</td> </tr> </table> </li> <li>4. If used residentially, unit was installed in a:                     <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> House</td> <td><input type="checkbox"/> Apartment</td> <td><input type="checkbox"/> Condominium</td> </tr> </table> </li> <li>5. How many units were purchased? (     )</li> <li>6. Was the unit either:                     <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> A new purchase (first ERV installed in building)</td> </tr> <tr> <td><input type="checkbox"/> An add-on (ERV already in place)</td> </tr> <tr> <td><input type="checkbox"/> Replacement (specify unit replacing): _____</td> </tr> </table> </li> </ol> | <input type="checkbox"/> Commercial use    | <input type="checkbox"/> Residential use      | <input type="checkbox"/> Existing building | <input type="checkbox"/> New Building | <input type="checkbox"/> School | <input type="checkbox"/> University | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Hospital | <input type="checkbox"/> Church | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Casino | <input type="checkbox"/> Printing Facility | <input type="checkbox"/> Detention Center | <input type="checkbox"/> Airport | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Smoking Lounge | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Sporting Arena | <input type="checkbox"/> Wastewater Treatment | <input type="checkbox"/> OTHER: _____ |  |  | <input type="checkbox"/> House | <input type="checkbox"/> Apartment | <input type="checkbox"/> Condominium | <input type="checkbox"/> A new purchase (first ERV installed in building) | <input type="checkbox"/> An add-on (ERV already in place) | <input type="checkbox"/> Replacement (specify unit replacing): _____ | <ol style="list-style-type: none"> <li>7. Choose the three most important reasons for purchasing RenewAire® Energy Recovery Ventilators.                     <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">1<sup>st</sup></th> <th style="text-align: center;">2<sup>nd</sup></th> <th style="text-align: center;">3<sup>rd</sup></th> </tr> </thead> <tbody> <tr> <td>Fresh Air ventilation.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Energy (recovery/savings) .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Solve indoor air quality problem .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Smoke removal.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Remove odors .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Improve indoor air quality .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Reasonable cost.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Core technology.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RenewAire® brand name .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Engineer specified RenewAire® ERV .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Recommendation of a contractor/sales person .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> </li> <li>8. Pricing information:                     <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Unit(s) price</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Installation price</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Total</td> <td style="text-align: right;">\$ _____</td> </tr> </table> </li> <li>9. Comments: _____</li> </ol> |  | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | Fresh Air ventilation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Energy (recovery/savings) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Solve indoor air quality problem ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke removal..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remove odors ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improve indoor air quality ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reasonable cost..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Core technology..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RenewAire® brand name ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Engineer specified RenewAire® ERV ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recommendation of a contractor/sales person ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Unit(s) price | \$ _____ | <input type="checkbox"/> Installation price | \$ _____ | <input type="checkbox"/> Total | \$ _____ |
|---|--|---|--|---------------------------------------|---------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|---------------------------------|--|---------------------------------|--|---|----------------------------------|-------------------------------------|---|-------------------------------------|---|---|---------------------------------------|--|--|--------------------------------|------------------------------------|--------------------------------------|---|---|--|---|--|-----------------|-----------------|-----------------|----------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|----------|---|----------|--------------------------------|----------|
| <input type="checkbox"/> Commercial use   | <input type="checkbox"/> Residential use   |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Existing building  | <input type="checkbox"/> New Building      |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> School   | <input type="checkbox"/> University        | <input type="checkbox"/> Nursing Home         |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Church            | <input type="checkbox"/> Day Care Center      |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Casino   | <input type="checkbox"/> Printing Facility | <input type="checkbox"/> Detention Center     |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Airport  | <input type="checkbox"/> Laboratory        | <input type="checkbox"/> Smoking Lounge       |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Auditorium   | <input type="checkbox"/> Sporting Arena    | <input type="checkbox"/> Wastewater Treatment |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> OTHER: _____   |  |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> House  | <input type="checkbox"/> Apartment         | <input type="checkbox"/> Condominium          |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> A new purchase (first ERV installed in building)   |  |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> An add-on (ERV already in place)   |  |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Replacement (specify unit replacing): _____  |  |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
|   | 1 <sup>st</sup>                            | 2 <sup>nd</sup>                               | 3 <sup>rd</sup>                            |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Fresh Air ventilation.....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Energy (recovery/savings) .....   | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Solve indoor air quality problem .....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Smoke removal.....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Remove odors .....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Improve indoor air quality .....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Reasonable cost.....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Core technology.....  | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| RenewAire® brand name .....   | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Engineer specified RenewAire® ERV .....   | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| Recommendation of a contractor/sales person .....   | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                   |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Unit(s) price  | \$ _____                                   |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Installation price   | \$ _____                                   |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |
| <input type="checkbox"/> Total  | \$ _____                                   |   |  |                                       |                                 |                                     |                                       |                                   |                                 |  |                                 |  |   |                                  |                                     |   |                                     |   |   |                                       |  |  |                                |                                    |                                      |   |   |  |   |  |                 |                 |                 |                            |                          |                          |                          |                                 |                          |                          |                          |  |                          |                          |                          |                    |                          |                          |                          |                    |                          |                          |                          |                                  |                          |                          |                          |                      |                          |                          |                          |                      |                          |                          |                          |                             |                          |                          |                          |   |                          |                          |                          |   |                          |                          |                          |  |          |   |          |                                |          |

RETAIN THIS PORTION FOR YOUR RECORDS

CUSTOMER NAME \_\_\_\_\_

MODEL NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SERIAL NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURCHASE DATE \_\_\_\_\_

DEALER \_\_\_\_\_

When requesting warranty service, please present this portion of the card to your RenewAire Authorized Dealer or Contractor.



Place  
Stamp  
Here

**RenewAire LLC**  
4510 Helgesen Drive  
Madison, WI 53718