

MORE TMPG, LLC - Transport Refrigeration Warranty Registration Form

(Please Print)

Business Name: _____

Installation Address: _____

City: _____ State: _____ Zip: _____

Office Phone Number: (_____) _____ Contact Person: _____

Cell #: (_____) _____ Email: _____

Company Mailing / Billing Address: _____

City: _____ State: _____ Zip: _____

Refrigeration Unit # _____

In Service Hours: _____

Manufacturer / Brand

Make / Model

Serial Number

Date of Install: _____

Technician doing Cold-Plus install (please print): _____

Phone Number: _____ Email: _____

Technician's EPA Clean Air Section 608, Level 2 Certification #: _____

I hereby certify the above listed unit was in good working condition on the date Cold-Plus® was installed.

Technician Signature