CONTRACTED SERVICE PROVIDER REFERRAL

The respective Rep. Agency must make the recommendation.

Fax Form To:
423-283-8034
Or Email To: dharrison@hotwater.com

Email Form | Clear Form | Print Form

Today's Date: (mm/dd/yyyy) _____

Service Provider Information

Company Name

Contact Name

Address

City State Zip Code

Phone #

Fax #

Mobile Phone #

Email Address

An A.O. Smith Water Products contracted service provider will be an independent contractor whose main job is servicing and repairing gas, and electric water heaters. The representatives will not be an employee or partner with any A.O. Smith manufacturer representative organization or distributor. In addition, the candidate service provider will have demonstrated quality and professionalism in the marketplace in workmanship, reputation, and references and must pass both a background check and the appropriate profeciency tests.

The bottom portion of this form MUST be signed by the Rep. Agency, not the potential Provider.

Brands Serviced *(Check all applicable boxes)*

- ☐ **All A.O. Smith Brands (preferred)**
- ☐ A.O. Smith
- ☐ State
- ☐ Reliance
- ☐ American PROLine
- ☐ Premier Plus
- ☐ Whirlpool
- ☐ U.S. Craftmaster

Other Brands Serviced

- ☐ Rheem / Ruud
- ☐ Bradford White / Laars
- ☐ PVI
- ☐ Raypak
- ☐ Lochinvar
- ☐ Other (please specify) _____

Type of Equipment Serviced

- ☐ Residential Gas / Electric
- ☐ Commercial Atmospheric
- ☐ Commercial High Efficiency
- ☐ Commercial Specialty
- ☐ Commercial Electric
- ☐ Hot Water Boiler
- ☐ Residential / Commercial Tankless
- ☐ Commercial Start-Up

Submitted by: _____ District Number: _____

Submitting Firm: _____ Date Submitted: _____

Email Address: _____ Fax Number: _____

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