

Self-Service

CONTRACTED SERVICE PROVIDER REFERRAL

The respective Rep. Agency must make the recommendation.



Fax Form To:
423-283-8034

Or Email To:
fieldservicesupport@hotwater.com

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 proficiency tests.

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

Brands Serviced (Check all applicable boxes)	Type of Equipment Serviced
<input type="checkbox"/> All A.O. Smith Brands (preferred)	<input type="checkbox"/> Residential Gas / Electric
<input type="checkbox"/> A.O. Smith <input type="checkbox"/> Premier Plus	<input type="checkbox"/> Commercial Atmospheric
<input type="checkbox"/> State <input type="checkbox"/> Whirlpool	<input type="checkbox"/> Commercial High Efficiency
<input type="checkbox"/> Reliance <input type="checkbox"/> U.S. Craftmaster	<input type="checkbox"/> Commercial Specialty
<input type="checkbox"/> American PROLine Takagi	<input type="checkbox"/> Commercial Electric
Annual Unit Purchases	
Residential Electric _____	<input type="checkbox"/> Hot Water Boiler
Residential Gas _____	<input type="checkbox"/> Residential / Commercial
Commercial Products _____	<input type="checkbox"/> Tankless Commercial Start-Up
Tankless Products _____	<input type="checkbox"/> Whole House Filter Installation

Submitted by: _____ Date: _____

Submitting Firm: _____ Cell Phone: _____

Email Address: _____ Office Phone: _____

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