



# Service Provider Enrollment Packet

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**Service Management**

**Warrantech Corporation  
2200 Highway 121  
Suite 100  
Bedford, Texas  
76021**

Visit Us

[www.wcpsonline.com](http://www.wcpsonline.com)

## Forms to be completed for Service Provider Enrollment

- Service Provider Information pg.3
- Rate Structure pg.4
- Manufacturer Warranty Authorizations pg.5
  - Include your manufacturer ASC number
  - Place an “X” for
    - each manufacturer you are authorized to repair
    - each manufacturer you service as COD
    - each manufacturer for which you provide on-site service
  - Complete even if you are not an ASC
- Location Addresses and Available Zip Codes for Service pg.6
- W-9 Request for Taxpayer Identification Number and Certification pg.7
  - Reminder: must be signed by an officer of the company
  - Form also available on [www.irs.gov](http://www.irs.gov)

Submit the attached forms to:

- Email: [Servicenetwork@warrantech.com](mailto:Servicenetwork@warrantech.com)
- Mail: Warrantech CPS-Service Network  
2200 Highway 121, Suite 100  
Bedford, TX 76021
- Fax: 817-785-6713

The Service Agreement will need to be reviewed and signed through DocuSign:

You will receive an email requesting your signature on a contract with Warrantech Corporation – the email address would be [dse@docuSign.net](mailto:dse@docuSign.net). Please take a look at your inbox and following the directions within the email and onscreen from the DocuSign website. Please contact [Servicenetwork@warrantech.com](mailto:Servicenetwork@warrantech.com) or 800-544-9510 ext 6177 at your earliest convenience if you have questions about the email or need a replacement email.

Once we receive the above items and a signed agreement you will be successfully enrolled in our service network.

For questions and concerns, please contact a service network agent at:

- Email: [Servicenetwork@warrantech.com](mailto:Servicenetwork@warrantech.com)
- Phone: 800-544-9510 Extension 6177

## Service Provider Information

### Company Information

Name:

Number of Locations:

Officer of the Company's Name:

Title:

How would you prefer to be notified of a Service Request?

Fax

Email

Where do you perform service?

On-site

In-shop

What customers do you perform service for?

Residential

Commercial

### Primary Contact Information

Name:

Phone #:

Fax #:

Email Address:

Web Address:

What days of the week are you available for Service Calls?

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

What are your normal hours of operation?

### Service Technician Information

How many Technicians do you employ?

Inside:

Outside:

Do you sub-contract any of your service?

Yes

No

Name of sub-contractors:

Are you a member of a Trade Association?

NESDA

PSA

Other

### **Warrantech Preferred Payment Program Credit**

**Terms:** 2/14/net 30

If claim is processed within 14 days of receipt of electronic claim, WCPS is allowed a 2 percent discount of the total invoice. Otherwise, the entire amount is processed within 30 days. This program only applies to service centers submitting claims electronically through <http://wcpsonline.com/>.

Please check if you agree or disagree to participate in the Warrantech Preferred payment program.

### Service Dispatch Information

Do you dispatch from a Central Location or Multiple Locations?

Central

Multiple

Agree

Disagree

<b>Electronics</b>	<b>Not To Exceed Rate [Rate includes labor, parts, trip (including extra mileage), and pickup and delivery]</b>	<b>Diagnostic Rate</b>	<b>Diagnostic with Repair Rate</b>	<b>Trip</b>	<b>Pick Up &amp; Delivery</b>
Audio – Home	135.00	\$40.00	\$90.00		
Audio – Car	100.00	\$40.00	\$80.00		
Camcorder – Analog/Digital	100.00	\$40.00	\$125.00		
TV, DV or LCD to 20"	225.00	\$45.00	\$100.00		
TV, DV or LCD 21" – 29"	225.00	\$50.00	\$120.00	\$50.00	\$50.00
LCD Flat Panel 30" and above	300.00	\$50.00	\$150.00	\$50.00	\$50.00
TV, DV, HDTV/Digital 30" – 40"	300.00	\$50.00	\$150.00	\$50.00	\$50.00
TV, Projection, Analog	300.00	\$60.00	\$175.00	\$50.00	\$50.00
TV, Rear Projection, HDTV/Digital, CRT, DLP, LCOS, D-ILA	300.00	\$50.00	\$175.00	\$50.00	\$50.00
TV, Plasma	300.00	\$50.00	\$210.00	\$50.00	\$50.00
TV/VCR or DVD Combo to 20"	N/A	\$40.00	\$125.00		
TV/VCR or DVD Combo 21" and over	N/A	\$45.00	\$150.00	\$50.00	\$50.00
Front Projector, LCD, DLP, CRT	300.00	\$50.00	\$175.00	\$50.00	\$50.00

- 1 Refer to Agreement Section 3 for further details related to required Service Warranty and Recall.
- 2 Refer to Service Fulfillment Procedures for further details related to Service Exceptions.
- 3 Refer to Scope of Services Section 2.6 for further details related to utilization of Not to Exceed Rates.
- 4 Refer to Scope of Services Section 3.3 for further details related to stock or non-stock parts.
- 5 Refer to Scope of Services Section 4 for further details related to reimbursement of trip fee. If a determination is made that the Service will remain with the Servicer, Administrator shall pay Servicer for any mileage in excess of fifty (50) at the rate of one dollar (\$1.00) per mile.







## Location Addresses and Available Zip Codes for Service

### Main Location

Location Name:

Phone #:

Address:

Fax #:

City:

State:

Zip:

Email Address:

Zip Codes:

### Additional Location

Location Name:

Phone #:

Address:

Fax #:

City:

State:

Zip:

Email Address:

Zip Codes:



## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,