

VIVE
COMFORT
Operation Manual

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TP-S-721i

Vive Comfort

P.O. Box 3377

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Toll Free : 888-776-1427

Web: www.vivecomfort.com

Hours of Operation: M-F 9AM - 6PM Eastern

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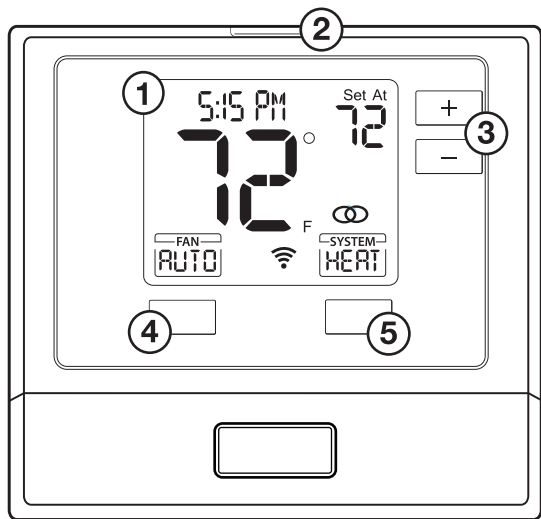
Una version en español de este manual se puede descargar en la pagina web de la compañía.



Caution

Equipment damage hazard

Do not operate the cooling system if the outdoor temperature is below 50 °F (10 °C) to prevent possible compressor damage.



1 LCD Display

2 Glow in the Dark Light Button

3 Temperature Setpoint Buttons

4 Fan/ User Button

5 System/ User Button

1 LCD Display

See page 2 for details about display and read out icons.

2 Glow in the Dark Light Button

The glow in the dark light button will self illuminate for several hours after exposure to ambient light. This button turns on the display light when pressed.

3 Temperature Setpoint Buttons

Press the + or - buttons to select the desired room temperature.

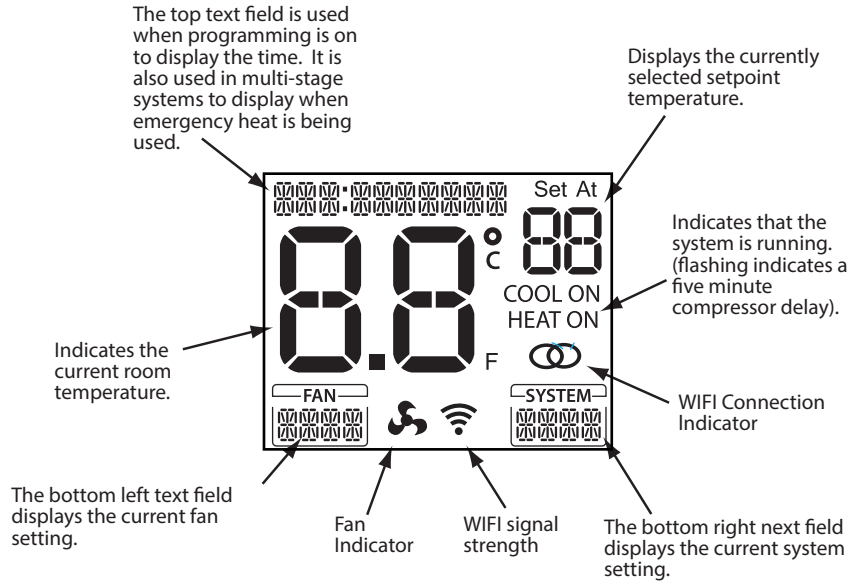
4 Fan Button:

Select **ON** or **AUTO**. **ON** will run the fan continuously. **AUTO** will run the fan only when the heating or cooling system is on.

Note: Some systems may have fan control disabled.

5 System Button:

Selects the operation mode on your HVAC system. Selecting **HEAT** turns on the heat mode. Selecting **COOL** turns on the cool mode. Selecting **OFF** turns both heating and cooling off. Selecting **EmH** (for heat pumps with auxiliary heat) will lockout the compressor and control emergency/ auxiliary heat.



Warranty Registration

Your new thermostat has a 5 year limited warranty. You must register your thermostat within 60 days of installation. Without this registration the warranty period will begin on date of manufacture. For warranty issues please contact the HVAC professional that installed this product. You can register your new thermostat in 2 ways:

Online

Go to the company website, select warranty registration and fill out a short registration form.

Mail

Complete the form below and mail it to the address shown.

Warranty Registration

Name: _____ Thermostat Model: _____

Address: _____ Date Installed: _____

City: _____ Complete form and mail to:

State: _____ **Thermostat Warranty Registration**

Zip: _____ P.O. Box 3377

Springfield, MO 6580

**Cut Out For
Warranty Registration**



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