



Maximize Equipment Life | Maintain Standard Efficiency | Help Prevent Breakdowns

PREMIER CUSTOMER
MAINTENANCE AGREEMENT

By enrolling in our Premier Customer Maintenance Agreement, you get priority service and regular maintenance to help prevent breakdowns, ensure proper performance and optimum efficiency.

Membership Benefits

- Heating season maintenance
- Cooling season maintenance
- 15% Discount on parts and labor. *During normal business hours. (Standard rates apply to overtime hours)*
- 1 year warranty on parts
- 24/7 EMERGENCY service
- Reduced risk of costly repairs
- Maintain proper operation and standard efficiency

In our Premier Customer maintenance agreement, our technicians will complete a 21-point comprehensive checklist for your system.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Clean out condenser coil as needed 2. Clean out debris in and around condensing unit
<i>(1st visit only. Debris shield will be recommended. If not installed a \$35.00 Cleaning Fee will be charged at next maintenance)</i> 3. Check voltage and amps on all motors 4. Inspect safety controls 5. Check thermostat functions 6. Inspect starting contactor condition 7. Check refrigerant pressures 8. Clear out condensate drain line 9. Treat drain pan with detergent | <ol style="list-style-type: none"> 10. Inspect electrical connections 11. Test defrost cycle 12. Test heat strips 13. Sanitize / Deodorize air handler cabinet 14. Inspect blower wheel 15. Check electrical connections for tightness 16. Check all capacitors 17. Clean and or replace filters 18. Inspect / wash evaporator coil (where accessible) 19. Wipe down air handler cabinet 20. Monitor heating cycle 21. Monitor cooling cycle |
|---|--|

	15% off	20% off	25% off	Additional info:
1 System	2 System	3 System	4 System	
1 YEAR: \$ _____	\$ _____	\$ _____	\$ _____	_____
2 YEAR: \$ _____	\$ _____	\$ _____	\$ _____	_____
<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> RENEWAL				_____

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred days of the week or times for scheduled service (we will call you and set up a specific apt) _____

Additional Info: _____

Payment type: Online Check _____ Credit Card# _____ EXP _____ CCD _____

Beginning Date: _____ Ending Date: _____ Customer Approval: _____ Date: _____