

A computerized history on your equipment and all repairs.

MAKE

TOTAL NUMBER OF HVAC SYSTEMS TO BE COVERED BY AGREEMENT _____

TYPE

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Comments:

EMPLOYEE SIGNATURE

This agreement is transferable in the event you sell your home.

2905 S M-291 Frontage Rd. Independence, MO 64057 816-373-6370 Fax 816-373-3019

	ALACE & SHEET N.	Fax 816-373-3	0019
	PREFERRED CUSTOMER S	ERVICE AGRE	EMENT
NAME			
ADDRESS			TODAY'S DATE
CITY	STATE	ZIP	PHONE
MAILING ADDRESS (IF DIFFERENT)			
Preferred Customer Benefits:			
*	Two pre-season inspections and cleanings are included at no additional charge.		
*	Repair parts not covered by a manufacturer's warranty will be charged at prevailing list price less 10%.		
*	The diagnostic rate for service calls not covered by this agreement will be charged at 10% below prevailing rate.		
*	Prevent costly breakdowns before they occur. Many service calls are predictable and avoidable with semi-annual preventative maintenance.		
*	Priority treatment! Your call will be placed ahead of those who are not preferred customers.		
*	Extended 90-day labor, 1 year parts warranty on repairs.		

MODEL

CUSTOMER SIGNATURE

SERIAL

12 MONTH \$____

DATE

DATE INSTALLED