

# Membership Agreement

• 919-758-6246 •



Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Systems \_\_\_\_\_

Technician's Name: \_\_\_\_\_

**Priority Service**

**Scheduled Reminders for Annual Cleaning**

**Special Discounts on All New Products**

**10% Discount on Repairs**

**No Diagnosis Fee Regular Hours**

**No Diagnosis Fee After-Hours Coverage**

**1 Annual Heating Precision Tune Up**

**1 Annual Cooling Precision Tune Up**

**1 Annual Full Plumbing Review**

**1 Annual Full Electrical Review**



Monthly Fee for 1 HVAC System—extra systems add \$10 per system

**\$19.95 Month**

**\$9.95Month**

Member: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Club Membership:



— circle one —

Payment Option:

CC Check # \_\_\_\_\_

Note—check is annual only and not discounted

Monthly Discounted Pre-tax Membership \$ \_\_\_\_\_

Annual Membership Full Amount \$ \_\_\_\_\_

Card Type: \_\_\_\_\_ Card#: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ Sec. Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_