



PO Box 34055, Omaha NE 68134
(402) 398-1539

Agreement effective ___/___/___ through ___/___/___

Service Care Plan

For Precision Tune-up and Professional Cleaning

Customer Information

Name _____ Client Number _____

Address _____ City _____ State _____ Zip _____

Job Location Address _____ City _____ State _____ Zip _____

Daytime Phone (____) ____ - ____ Evening Phone (____) ____ - ____ Today's Date ___/___/___

I prefer to have my heating and cooling systems serviced on the same day, between August 1st and October 1st

Please Choose one of the following plans:

- Silver** - 10% off parts, regular hourly rate 24/7 with no overtime or off hour charge \$14.92 Monthly or \$179 Annually
- Gold** - 15% off parts with free labor for the life of the contract \$19.08 Monthly or \$229 Annually
- Platinum** - Free parts and labor for the life of the contract \$23.25 Monthly or \$279 Annually

Gold & Platinum plans include voucher towards purchase of new equipment. See back for details

Additional Options:

- One Additional Furnace & Air Conditioner: 90% of Base Plan price
- 1" Air Filter: \$7.50/month or \$90 annually
- Water Heater: \$5.00/month or \$60 annually
- Garage Heater: \$3.00/month or \$36 annually
- Humidifier Pad: \$2.00/month or \$24 annually

The rates below are based on a	
<input type="checkbox"/> Monthly Plan	
<input type="checkbox"/> Annual Plan	
Base Plan	\$ _____
Additional Options	\$ _____
Tax	\$ _____
Total Fee	\$ _____

Payment Options:

- I would like to pay using my credit card Visa Mastercard Card# _____ - _____ - _____ - _____ Exp ___/___/___
- I would like to pay via PayPal. Email address to send payment request _____
- I would like to pay automatically from my checking account. Please attach a voided check.

I hereby authorize Action Heating & Cooling LLC to debit \$ _____, beginning after my contract has been approved

I understand that the monthly fee will continue for the whole duration of the contract and until written notice of termination is received at the address above. **(Please allow 10 business days for termination processing)**

Customer Signature _____ Date _____

Company Representative _____ Date _____