

**PREVENTATIVE
SERVICE
AGREEMENT**

BENCHMARK

AIR CONDITIONING & HEATING

SALES • SERVICE • INSTALLATION

"Service You Can Trust"

TACL A21124E

Office: (972) 377-9724 • Fax: (972) 712-0576

INVOICE

R _____

Date _____

Location ID# _____

We agree to provide you with a complete precision tune-up as described below for your cooling and or heating equipment during the term indicated.

CUSTOMER BILLING INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Phone _____
(Home) (Work)

LOCATION OF EQUIPMENT

Name _____
Address _____
City _____ State _____ Zip _____
EFFECTIVE DATES OF PREVENTATIVE SERVICE AGREEMENT
Beg. Date ____/____/____ Exp. Date ____/____/____

BENEFITS

- 15% discount repair service (labor and materials)
- Improved efficiency on equipment
- Lower utility bills
- Extended equipment life
- 24-hour Emergency Service
- Priority customer
- Improved capacity on equipment
- Inflation Protection for up to 3 years
- Agreement is always transferrable

EQUIPMENT	BRAND	MODEL NUMBER	SERIAL NUMBER	FILTER SIZE

MONTH

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

**PRECISION TUNE UP
PROCEDURES INCLUDE**

- No repairs or improvements will be undertaken without customer's authority
- Check freon level
- Adjust thermostat calibration
- Clean & adjust blower components
- Inspect condensate drains
- Clean heat exchanger
- Inspect (indoor) cooling coil if accessible
- Install customer supplied filters
- Clean (outdoor) condenser coil
- Lubricate all moving parts
- Measure for correct air flow
- Measure temperature differences
- Measure all volts and amps
- Test starting capabilities
- Test all safety controls
- Tighten all electrical connections
- Perform Carbon Monoxide Test
 Pass Fail

TERMS OF PREVENTATIVE SERVICE AGREEMENT

Cooling Heating Number of Systems _____

RATE \$ _____ TOTAL INVESTMENT \$ _____

We agree to provide you with a qualified technician to inspect and service your HVAC equipment. These inspections will be performed only during normal working hours.

(8:00 a.m. – 4:00 p.m., Monday – Friday, no holidays)

A report will be given on the condition of your HVAC system.

Mastercard VISA Other Check # _____ Payment \$ _____

NEW RENEWAL Card # _____ Exp. Date _____

Customer Approval _____ Date ____/____/____

Company Approval _____ Date ____/____/____

Licensed by the Texas Department of Licensing & Regulation. <http://www.license.state.tx.us>

Thank You For Being Our Customer • Please Pay From This Invoice • No Statement Will Be Sent