

713.937.4010
 FAX 713.937.4012
 TACLA # 020544E



Comfort Plus + Savings Service and Maintenance Agreement

This agreement provides scheduled service care to maintain the operating efficiency and life span of your Air Conditioning and Heating system(s) and minimize the possibility of costly repair bills.

The *Comfort Plus +* agreement provides for system checks performed during normal working hours on your covered HVAC system(s) and includes:

1. SYSTEM INSPECTIONS-

System(s) will be thoroughly inspected twice (2) annually with a written report provided. The inspections are:

- a. SPRING "Cooling Tune-Up" for major spring-cleaning and cooling service.
- b. FALL "Heating Safety Check" to insure the heating system is functioning in a safe and operational manner.

2. CLEANING-EXCLUSIVE OF AIR FILTERS AND DUCT WORK-

All accessible components will be cleaned annually for efficient system performance.

3. LUBRICATION-

At each system inspection, equipment components will be lubricated if required at that time.

Comfort Plus + Savings membership benefits:

- Preferred same day service if you call before noon for cooling and heating repairs (excludes weekends and holidays)
- A five (5%) discount on the price of repairs includes parts and labor.
- A five (5%) discount on the price of replacement equipment.
- Agreement is transferable to new ownership should you sell your home.

Detach and submit with payment

Westair Air Conditioning and Heating, Inc. 713-937-4010 TACLA # 020544E			
Billing Name _____	Service Address _____		
City _____ TX. zip _____	Phone _____	Alternate Phone _____	
	Email _____		
Service for _____ system(s) <small>enter #</small>	Year of Agreement _____	accepted by _____	date _____
FOR Westair Air Conditioning and Heating Inc. USE ONLY			
INSPECTION DATES:			
	SCHEDULED DATE	COMPLETED DATE	TECHNICIAN
Spring	_____	_____	_____
Fall	_____	_____	_____
			AGREEMENT COST _____

SALES AND SERVICE SINCE 1978

713.937.4010
FAX 713.937.4012
TACLA # 020544E



*Comfort Plus + Savings
Service and Maintenance Agreement*

CUSTOMER NAME: _____ INVOICE: _____

ADDRESS: _____ DATE: _____

Model Number

Serial Number

Condensing Unit: _____

Evaporator Unit: _____

Furnace Unit: _____

SPRING CHECK

- | | | | |
|------------------------|--------------------------------|--|--|
| Refrigerant Level: | <input type="checkbox"/> OK | <input type="checkbox"/> Low | <input type="checkbox"/> Leak Detected |
| Compressor Contactor: | <input type="checkbox"/> OK | <input type="checkbox"/> Clean | <input type="checkbox"/> Needs Replacement |
| Wire & Safety Devices: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Thermostat: | <input type="checkbox"/> OK | <input type="checkbox"/> Adjust | <input type="checkbox"/> Needs Replacement |
| Running & Start Amps: | <input type="checkbox"/> OK | <input type="checkbox"/> High | <input type="checkbox"/> Low |
| Vibration/Noise: | <input type="checkbox"/> OK | <input type="checkbox"/> Found | |
| Capacitors & Relays: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Condensate Drain: | <input type="checkbox"/> OK | <input type="checkbox"/> Clogged | |
| Evaporate Coil: | <input type="checkbox"/> OK | <input type="checkbox"/> Dirty | <input type="checkbox"/> Needs Replacement |
| Lubricate Motor: | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Self Contained Motor | |
| Check Filters: | <input type="checkbox"/> Clean | <input type="checkbox"/> Needs Replacement | |

FALL CHECK

- | | | | |
|----------------------------|-------------------------------|---|--|
| Burners Assembly: | <input type="checkbox"/> OK | <input type="checkbox"/> Dirty | <input type="checkbox"/> Needs Replacement |
| Heat Exchanger: | <input type="checkbox"/> OK | <input type="checkbox"/> Cracked/Needs Replacement | |
| Pilot/Ignitor: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Light Pilot/Start: | <input type="checkbox"/> OK | <input type="checkbox"/> Clean | <input type="checkbox"/> Not Applicable |
| Gas Leaks Detected: | <input type="checkbox"/> None | <input type="checkbox"/> Leak Detected and Shut-Off | |
| Limit Control: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Flue Pipe: | <input type="checkbox"/> OK | <input type="checkbox"/> Cleared or Needs Replacement | |
| Gas Valve: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Electric Sequencer: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Electric Heating Elements: | <input type="checkbox"/> OK | <input type="checkbox"/> Needs Replacement | |
| Blower Assembly: | <input type="checkbox"/> OK | <input type="checkbox"/> Dirty | <input type="checkbox"/> Needs Cleaning |

General comments and recommendations: _____

Customer Signature: _____ Date: _____