



Preventative Maintenance & Safety Membership Agreement

Customer Information

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Would you like to receive text reminders to schedule your preventative maintenance visits? _____

Email _____

If you are a new customer, how did you hear about us? _____

Membership Information

Membership Level _____

Total number of units _____

Would you like to pay monthly or annually? _____

Payment Information

Name on Card _____

Debit or Credit? _____

Card Number _____

Expiration Date _____ CVC _____

Billing Address (if different from above)

Address _____

City _____ State _____ Zip _____

If paying monthly: By signing below, I authorize perpetual payments processed on the 15th of every month in the amount of \$_____. I understand that this Preventative Maintenance & Safety Membership agreement automatically renews annually unless otherwise notified by a written cancellation request. See Cancellation Policy below for more detail.

Customer Signature_____ Date_____

Printed Name_____

If paying annually: By signing below, I authorize an annual payment processed on the 15th of the month following the agreement signing in the amount of \$_____. I understand that this Preventative Maintenance & Safety Membership agreement automatically renews annually unless otherwise notified by a written cancellation request. See Cancellation Policy below for more detail.

Customer Signature_____ Date_____

Printed Name_____

Cancellation Policy: A total of six (6) monthly payments must have been collected for every maintenance performed; any balance due must be paid in full in order to cancel. Cancellation request must be in written form, either by mail or email. Refunds will not be given on unused portions.

By signing below, I certify that I agree to the terms and conditions of the Preventative Maintenance & Safety Membership Cancellation Policy.

Customer Signature_____ Date_____

Printed Name_____



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