



1750 Todd Farm Dr., Suite D, Elgin IL 60123

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www.advantagecontractor.com

## Advantage Maintenance Agreement

Date \_\_\_\_\_

Name: _____		
Address: _____	House Phone ( ) _____	
City: _____	E-mail: _____	
State: _____	Zip Code _____	Site Location (if different from Customer) _____
Cell Phone ( ) _____	Address _____	
Work Phone ( ) _____	City _____	Zip Code _____

### EQUIPMENT COVERED (Furnace, AC, Humidifier, Etc)

MANUFACTURER	MODEL #	SERIAL #

Equipment condition notes: \_\_\_\_\_

### Your agreement includes the following (if applicable):

- |                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| Clean furnace and burner assembly | Inspect gas valve and pressure | Check humidifier, if applicable             |
| Clean and check pilots            | Adjust pilot as needed         | Check air conditioner, if applicable        |
| Examine heat exchanger for leaks  | Check for gas leaks            | Check refrigerant pressure                  |
| Check thermocouple                | Inspect combustion chamber     | Clean condenser coil and inspect drain line |
| Check amperage draw and wiring    | Check and lube blower motor    | Check any/all accessories                   |
| Check electrical connections      | Check blower wheel             | Test safety controls                        |
| Check thermostat and calibrate    | Inspect furnace filters        | Perform final operational test              |
| Check limit control               | Check and secure all panels    | Document any deficiencies                   |

### Benefits of an Advantage Membership

\*\*\*NO EMERGENCY OVERTIME RATES APPLY....20% DISCOUNT ON ADD ON SERVICES\*\*\*

\*\*\*Priority Customer Service Status\*\*\*    \*\*\*Friends/Family Discount of 20% Available\*\*\*

\*\*\*FIVE YEAR Labor Warranty on New Equipment Installed...Must keep Maintenance Agreement in Force\*\*\*

\*\*\*Automatic Annual Renewal with Notification in Advance\*\*\* \_\_\_\_\_ (Initials)

### CANCEL AT ANYTIME IF YOU ARE NOT COMPLETELY SATISFIED!!!

TERMS OF AGREEMENT	METHOD OF PAYMENT	
CIRCLE TYPE:    BOTH   HEATING   COOLING	INVESTMENT....ANNUAL....SEASONAL....MONTHLY	
BEGINING DATE:    ___/___/___	<input type="checkbox"/> CASH	ACCOUNT NUMBER
AMOUNT	<input type="checkbox"/> CHECK	EXPIRATION DATE    VERIFICATION #
	<input type="checkbox"/> CREDIT CARD	CARD HOLDER SIGNATURE
\$ _____		

COMPANY APPROVAL

DATE

OWNER APPROVAL

DATE

**THANKS FOR THE OPPORTUNITY TO SERVE YOU**