



Comfort Club

You Deserve the BEST!

814-462-0083 • bestheatingnow.com

SILVER
Level

GOLD
Level

PLATINUM
Level

Membership Benefits	Silver Service Agreement	Gold Service Agreement	Platinum Service Agreement
Safety Inspection	✓	✓	✓
24 Point inspection per visit	✓	✓	✓
No Overtime Charges	✓	✓	✓
2 visit per year	✓	✓	✓
Full Air Filter Service		✓	✓
No Breakdown Warranty		✓	✓
Priority Status	48 Hours	24 Hours	Same Day Appointment
Service calls	Additional Cost	No Charge	Additional Service calls are at no charge
Labor Charge Discount	50% Discount	50% Discount	No Charge
Repair Discount	15% OFF	15% Discount on all our parts from a flat rate price list	100% OFF
Repair Labor Warranty	2 Years	3 Year	5 Year
Repair Part Warranty	2 Year	3 Year	5 Year
Loyalty Replacement Program	\$25 per year per furnace \$25 per year per air conditioner	\$50 per year per furnace \$50 per year per air conditioner	\$75 per year per furnace \$75 per year per air conditioner
Equipment Discount			15% off of new equipment
Investment For Each Furnace or Air Conditioner	\$168 per year or \$14 per month \$84 for each additional system.	\$268 per year or \$22.35 per month \$134 each additional system	\$368 per year or \$30.67 per month \$184 for each additional system.
Additional Comfort Accessories			
Humidifier	Monthly: \$1.50 Annual: \$18	Monthly: \$1.50 Annual: \$18	Monthly: \$1 Annual: \$12
Water Heater	Monthly: \$3.75 Annual: \$45	Monthly: \$3.75 Annual: \$45	Monthly: \$1 Annual: \$12
Tankless Water Heater	Monthly: \$5.00 Annual: \$60	Monthly: \$5.00 Annual: \$60	Monthly: \$1 Annual: \$12
ERV/HRV Ventilators	Monthly: \$5.75 Annual: \$69	Monthly: \$5.75 Annual: \$69	Monthly: \$1 Annual: \$12
Whole House Generator	Monthly: \$13.75 Annual: \$165	Monthly: \$13.75 Annual: \$165	Not Available

Name: _____

Email: _____

Address: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

Work/Cell Phone: _____

Club Membership: **Silver** **Gold** **Platinum**

Monthly Payment: \$_____ Start Billing on: ____/____/____

_____ circle one
(Discount for multiple systems-see technician for details)

End billing when: Customer will need to call the office to cancel

Card Type: _____ Card#: _____ Exp Date: ____/____/____ Sec. Code: _____

Name on Card: _____ Billing Address (if different): _____

Customer Signature: _____ Date: _____

White—Customer Copy

Yellow—Office Copy

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