



# Empire Plumbing & Air Conditioning Service Agreement Enrollment Form

Plan Selection (check one):

Planned Service Agreement

Full Service Agreement

*Extends equipment life and increases efficiency*

<p><b><u>Planned Service Agreement Benefits:</u></b></p> <ul style="list-style-type: none"> <li>✓ After hours service for Qualified Emergencies at no additional charge</li> <li>✓ Discounted Value Rate pricing on all plumbing, cooling and heating system services and repairs</li> <li>✓ Priority scheduling for all appointments</li> <li>✓ Live operator to schedule your appointments 24 hours a day</li> <li>✓ Semi-annual Precision Tune-Up inspection of your cooling and heating system</li> <li>✓ One year warranty on all repairs</li> </ul>	<p><b><u>Full Service Agreement ADDITIONAL Benefits:</u></b></p> <ul style="list-style-type: none"> <li>✓ Loyalty Rewards Program eligible</li> <li>✓ Semi-annual Full Service Cleaning of heating and cooling system including: <ul style="list-style-type: none"> <li>✓ Vacuum clean blower section motor and wheel</li> <li>✓ Electronic degreaser clean all electrical components</li> <li>✓ Clean and adjust ignition system and burners</li> <li>✓ Chemical clean evaporative coil</li> <li>✓ Chemical clean condenser coil</li> <li>✓ Clean and flush condensate drain</li> </ul> </li> <li>✓ Additional Second Year Warranty on all repairs</li> </ul>
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Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preferred Contact Method  Phone  Email

YES, I would like to become a Service Agreement customer and receive all of benefits described above. I understand the Agreement is for a period of 12 months and will renew automatically unless cancelled in writing not less than 60 days prior to expiration. The benefits and features have been explained to me and I understand them fully.

Customer signature \_\_\_\_\_

Date \_\_\_\_\_

### Automatic Credit Card Billing Authorization

For the convenience of automatic billing, please complete the Credit Card Information section below and sign. All requested information is required. Upon approval, we will automatically bill your credit or debit card for the amount indicated and your total charges will appear on your monthly card statement. You may cancel this automatic billing authorization at any time by contacting us. If this automatic payment authorization is cancelled you will be responsible for payment of any remaining balance due.

Customer Information (to be completed by merchant)

Customer Name _____	Today's invoice number _____	Phone _____
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Payment Information (to be completed by merchant)

I authorize Empire Plumbing & Air Conditioning to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Frequency: Monthly. Start billing on \_\_\_\_/\_\_\_\_/\_\_\_\_ End billing when customer provides written cancellation

Credit Card Information (to be completed by customer)

Card Type (Visa/MasterCard/American Express/Discover) _____	Credit Card Number _____	Expires _____
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Cardholder's Name (as shown on credit card) \_\_\_\_\_

Cardholder Zip code (from credit card billing address) \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Call 602-275-8400 for service**

Technician \_\_\_\_\_

Licensed Contractor ROC155717 ROC173112

Office Use Only
SW _____
QB _____
Reminder _____
Invoice _____
Auto CC _____
Auto GL _____