

# AIRMMASTER

## HEATING COOLING

5416 N. College Ave. • Indianapolis, IN 46220 • Phone: (317)257-3346 • Fax : (317)255-7461

*www.airmaster.net / "Service Faster with Airmaster".....since 1960*

We agree to provide you with two Precision Tune-Ups / Professional Cleanings / Safety Inspections per year as described below to help provide a quality, efficient, and safe indoor environment.

**BENEFITS:**

- Improved Efficiency
- Extended Equipment Life
- Improved Safety
- Improved Capacity
- \*15% discount on repair service parts
- Priority customer
- Agreement is transferrable
- 24-Hour Emergency Service
- Discount rates during normal business hours\*  
(Normal Hours are 8 AM to 5PM Mon. thru Fri.)
  - Truck charge \_\_\_\_\_
  - Hourly rate \_\_\_\_\_
- Overtime Rates
  - Truck charge \_\_\_\_\_
  - Hourly rate \_\_\_\_\_

**PROCEDURES INCLUDE:**

- Clean or replace common size 1" & 2" filters
- Check and clean inside cooling coil (if accessible)
- Check primary & secondary drains
- Adjust and clean blower components
- Clean and check condenser coil
- Lubricate all moving parts (where applicable)
- Check and tighten loose electrical connections
- Check operating pressures for proper refrigerant charge
- Check voltage on motors and amperage draw
- Monitor air conditioning cycle
- Clean heat exchanger and burners
- Adjust gas pressure if needed
- Check heat anticipator settings
- Check thermostat
- Monitor furnace cycle
- Check for cracked heat exchanger



**Satisfaction Guaranteed!**



**Billing Address**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**Job Address**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Work Ph: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

	MAKE	MODEL NUMBER	SERIAL NUMBER	FILTERS	
				QTY.	SIZE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**2 Procedures Per Year**

		Maintenance Cost		Additional Years
Primary A/C and Heating System	Qty. ( )	\$ _____	Qty. ( )	\$ _____
Heating or Cooling System Only	Qty. ( )	\$ _____	Qty. ( )	\$ _____
Each Additional System	Qty. ( )	\$ _____	Qty. ( )	\$ _____
Other	Qty. ( )	\$ _____	Qty. ( )	\$ _____
Filter Change <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Qty. ( )	\$ _____	Qty. ( )	\$ _____

**SUB-TOTAL**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

5% Senior Citizens Discount  
(Homeowner must be 55 years or older)      \$ \_\_\_\_\_

Method of Payment      **TOTAL**      \$ \_\_\_\_\_

Cash  Check  Credit Card  Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Customer Approval \_\_\_\_\_ Date \_\_\_\_\_

Representative Approval \_\_\_\_\_ Date \_\_\_\_\_

**"TELL-A-FRIEND"  
REFERRAL PROGRAM**

If any of your friends, neighbors, or relatives tells us they were referred to us by you, while scheduling their first service call, they will receive 10% off of their first service visit. You will also receive \$25.00 off of your next service invoice as a thank you from Airmaster.

\*All outstanding invoices must be paid in full before discount rates apply.

