



## Maintenance and Protection Plan Agreement

### Priority & Emergency Service

Date: \_\_\_\_\_ Inv. No.: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Builder: \_\_\_\_\_ Lot #: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone : ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Billing Name & Address:  Same as above Email: \_\_\_\_\_

- Platinum Gas Heating & Cooling Plan (Spring & Fall) \$29.99 Monthly\***

**Includes:**

  - Parts and labour warranty.
  - Two annual maintenance, tune-up and safety inspections of heating and cooling systems.
  - Priority emergency service, exclusive discounts, maximized system efficiency.
- Gold Gas Heating Plan (Fall) \$19.99 Monthly\***

**Includes:**

  - Parts and labour warranty.
  - One annual maintenance, tune-up and safety inspections of heating and cooling systems.
  - Priority emergency service, exclusive discounts, maximized system efficiency.
- Gold Cooling Plan (Spring) \$19.99 Monthly\***

**Includes:**

  - Parts and labour warranty.
  - One annual maintenance, tune-up and safety inspections of heating and cooling systems.
  - Priority emergency service, exclusive discounts, maximized system efficiency.

\*Price based on a single gas heating and/or cooling system. Add \$7.99/month for each additional appliance located in the same building.

Add Ons:	Season:	Annual Cost:
<input type="checkbox"/> Power Humidifier Pad (Model #: _____)	_____	\$ _____
<input type="checkbox"/> Air Cleaner - Replacement Filter (Model #: _____)	_____	\$ _____
<input type="checkbox"/> ERV/HRV Filter Cleaning & Maintenance (Model #: _____)	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____

**Maintenance Plan Agreement:** Start Date: \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_

month day month day

**Sub-Total:** \$ \_\_\_\_\_

**HST (13%):** \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_

Signature of Purchaser Representative

**Payment**  Visa  MasterCard

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVN: \_\_\_\_\_