



PIPE DOCTOR
Plumbing, Heating & Air Conditioning, Inc.

Service Agreement
HEATING & COOLING
ENROLLMENT FORM

FREE SERVICE CALLS & PRIORITY SERVICE As a HVAC Service Agreement client, YOU ARE PRIORITY, and jump to the head of the line when you call! Your job will be scheduled ahead of others. Our Service Call Charge is waived for Service Agreement clients.

NO EMERGENCY SERVICE FEES If you are in need of an emergency service, no matter what time of day or night, you will not pay a premium fee. You will receive the same quality service as always but pay only from the standard pricing menu.

25% DISCOUNT You will receive a 25% discount off the bottom line for our HVAC services for as long as your HVAC Service Agreement remains effective.

ANNUAL PRECISION HVAC TUNEUP Your peace of mind is our goal and #1 priority. We will assess your home's HVAC systems to ensure they are in safe operating condition. You'll receive a detailed report of our findings and we'll explain any concerns. We'll alert you to potential emergencies before they become disruptive problems. Any minor adjustments will be done **FREE**. We'll even call to schedule appointments so you won't have to worry about it.

A TRUSTED PROFESSIONAL ON YOUR HOME SERVICES TEAM Your technician is not only trained to care for your equipment, he's trained to care for you and your home. You'll take comfort knowing our technicians are drug tested and background checked, first rate providers is all we'll allow into your home.

100% SATISFACTION GUARANTEED We promise your complete satisfaction - **GUARANTEED!** If you are not fully satisfied, let us know, and we'll make it right or you don't pay.

TRANSFERABLE Your Heating and Cooling Service Agreement can either be transferred to your new home, or to the buyer of the home you are selling. Your choice! Plan is valid for up to 2 central and/or heating systems per property.

ALL FOR A MONTHLY INVESTMENT OF \$19.95
(One year minimum commitment. Automatically renews. Good until you cancel)

CLIENT INFORMATION

Name (Cardholder) _____ Date _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

Email _____

PAYMENT INFORMATION

Card # _____ Exp Date _____

I hereby authorize Pipe Doctor to debit my card \$19.95/month on a monthly basis for a minimum of one year. Plan automatically renews and is valid until I cancel or 4 unsuccessful attempts to debit my account fail.

Signature _____ Date _____