



HVAC Maintenance Agreement
Overflow Heating Cooling LLC
Phone: (205) 936-4629

Owner/Billing Address			Address of Equipment		
Customer Name:			Location Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		
Email:			Email:		

It is agreed that **Your Company Name** will provide skilled technicians to inspect your HVAC equipment to ensure it is operating efficiently. **Your Company Name** will report any deficits. All scheduled maintenance will be performed during regular business hours unless specified otherwise in this agreement.

Equipment	Make	Model No.	Serial Number	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scheduled maintenance will include a 27-point check for operating performance. We will examine, adjust, tune, and lubricate the system components listed below.		This agreement is for a scheduled equipment maintenance program in the amount of \$ _____ . _____ <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <small>**twelve monthly payments with automatic renewal are available.</small>
<input type="checkbox"/> Check manifold gas pressure <input type="checkbox"/> Check the pilot safety <input type="checkbox"/> Check blower alignment <input type="checkbox"/> Check and oil blower & motor <input type="checkbox"/> Clean and adjust the pilot <input type="checkbox"/> Check/adjust the main burner <input type="checkbox"/> Measure airflow & static pressure <input type="checkbox"/> Clean condensate drains <input type="checkbox"/> Clean condenser coils <input type="checkbox"/> Inspect heat exchanger <input type="checkbox"/> Check for gas/combustion leaks <input type="checkbox"/> Check draft <input type="checkbox"/> Check temperature settings <input type="checkbox"/> Check humidity setting	<input type="checkbox"/> Clean or replace filters <input type="checkbox"/> Check for duct leakage <input type="checkbox"/> Check amps and voltages <input type="checkbox"/> Clean evaporator coil <input type="checkbox"/> Check controls operation <input type="checkbox"/> Test limit switch <input type="checkbox"/> Inspect wiring & connections <input type="checkbox"/> Check thermostat <input type="checkbox"/> Check refrigerant charge <input type="checkbox"/> Check the oil pump pressure <input type="checkbox"/> Algaecide drain pans <input type="checkbox"/> Tighten electrical connections <input type="checkbox"/> Cycle check operations	Services included in this agreement: <input type="checkbox"/> _____ Number of inspections <input type="checkbox"/> _____ Number of Filter changes <input type="checkbox"/> _____ Pleated Fiber Materials <input type="checkbox"/> _____ Fiber Filter Materials <input type="checkbox"/> _____ All Maintenance Materials <input type="checkbox"/> _____ All Component Repair Labor <input type="checkbox"/> _____ All Component Repair Parts <input type="checkbox"/> _____ 24-hour Emergency Coverage

Effective upon signing. The above prices, specifications, and conditions are satisfactory and are hereby accepted. **Your Company Name** is authorized to do the work as specified. Payment will be made as outlined above. Any additional service work will be authorized by the customer and performed by **Your Company Name** at regular rates.

VISA MC AMEX No: _____ Expiration Date: _____ Sec. Code ____ Check No: _____

Contractor	Customer Acceptance
Signature _____	Signature _____
Date _____	Date _____