PREVENTATIVE MAINTENANCE AGREEMENT
CONDO SPLIT SYSTEMS

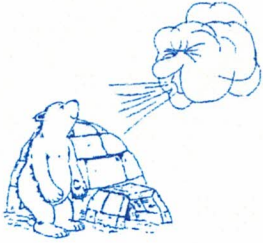# ARCTIC BREEZE
AIR CONDITIONING & HEATING INC.

15 Hargrove Ln. Unit 2C • Palm Coast, FL 32137
386-446-8894 • arcticbreezeair@gmail.com
www.arcticbreezeair.com

License # CAC 1817213

Name: _____ Phone _____

Street _____ City _____ State ____ Zip _____

Program Benefits	Silver	Gold	Platinum
20 Point Inspection	✓	✓	✓
Reminder Service [ ] Call [ ] Text [ ] Email	✓	✓	✓
Email:			
Clean Condensate Drain	✓	✓	✓
Test Refrigerant	✓	✓	✓
Repair Warranty	1 Year	1 Year	1 Year
Clean or replace standard 1" filter	✓	✓	✓
Filter sizes included: 20x25, 20x22, 20x20, 18x20, 18x18, 16x25, 16x20, 14x20	-	-	-
Priority Status- Response within:	48 hr	36 hr	24 hr
Discount on Non-Warranty Parts	-	$15.00	$20.00
Monthly Payment Option	✓	✓	✓
Advanced Scheduling	-	✓	✓
10 Day Estimate Protection	-	-	✓
Replacement Purchase Accrual System	-	$25 per year	$40 per year
Quality Assurance Inspection & Cleaning (Meets Energy Star Recommendations)	-	✓	✓
ACCA National Standard Task Includes:	-	-	✓
Duct Sanitizing ($110 value)	-	-	✓
Blower Wheel Inspection ($45 value)	-	-	✓
Chemically Clean Coils In Place ($115 value)	-	✓	✓
Condensate Treatments ($40 value)	-	✓	✓
Number of Systems:			
Yearly Investment x_____	$	$	$
Monthly Investment x_____	$	$	$
Multiple System Discount ($10 off per system)			
Total Investment:	$	$	$

By signing this Monthly Investment Form you agree to allow Arctic Breeze Air Conditioning and Heating Inc. to charge the monthly investment with your Credit/Debit card each month until a written notice of termination to this Agreement.

Card Type _____

Expiration Date _____

Card Number _____

3 Digit Code _____

Each of the above agreements includes two tune-up visits per agreement term. Our office will attempt to reach you within a 6 to 9 month interval via phone call, postcard, text or email. If you would like to ensure your next visit is scheduled within this time frame, please make the appointment with the technician when they are at your home. You are also welcome to reach out to us for scheduling. NOTE: After 18 months this agreement will be considered inactive.

Company Representative   **Client Approval**

Date: _____   Date: _____

OUR GOALS ARE YOUR COMFORT AND SATISFACTION