## Naples Comfort Systems P.O. Box 777 Naples, FL 34106

P.O. Box 777 Naples, FL 34106 239-230-2975 Fax: 239-294-3536 info@stahlmanac.com

Customer Signature

Date \_\_\_\_\_



## MAINTENANCE AGREEMENT

| SALES • SERVICE • CONSULTING  |                                       |                       |   |               |        |  |
|---|---------------------------------------|-----------------------|---|---------------|--------|--|
| NAN   | NAME                                  |                       |   |               |        |  |
| DUONE #   |                                       |                       |   |               |        |  |
| PHONE #   |                                       |                       |   |               |        |  |
| EMAIL ADDRESS   |                                       |                       |   |               |        |  |
| PREFERRED METHOD OF CONTACTING YOU, CIRCLE ONE  |                                       |                       |   |               |        |  |
| EMAIL PH  |                                       |                       | IONE MAIL   |               |        |  |
| SERVICE ADDRESS   |                                       |                       | BILLING ADDRESS   |               |        |  |
| CITY, STATE, AND ZIP  |                                       |                       | CITY, STATE, AND ZIP  |               |        |  |
| DENIEUTO  |                                       |                       |   |               |        |  |
| BENEFITS  |                                       |                       |   |               |        |  |
| 1. \$30.00 Service call   |                                       |                       | 4. Improved efficiency  |               |        |  |
| 2. Never an overtime charge   |                                       |                       | 5. Reduces break downs  |               |        |  |
| 3. Extended equipment life  |                                       |                       | 6. Priority Customer  |               |        |  |
| 20-POINT TUNE-UP  |                                       |                       |   |               |        |  |
|   |                                       |                       |   |               |        |  |
| 1.  |                                       |                       | <ul><li>11. Add anti algae tablet</li><li>12. Test run and start capacitor at condensor</li></ul> |               |        |  |
| 2.  | •                                     |                       | 13. Measure compressor amps   |               |        |  |
| 3.<br>4.  |                                       |                       | 14. Measure fan motor ampere  |               |        |  |
| <del>4</del> .  |                                       |                       | 15. Clean outdoor coil  |               |        |  |
| 6.  |                                       |                       | 16. Measure voltage to condenser  |               |        |  |
| 7.  | <u> </u>                              |                       | 17. Tighten electrical connections on condenser   |               |        |  |
|   | Clean secondary drain pan             |                       | 18. Check refrigerant operating pressures   |               |        |  |
|   | Vacuum condensate line                |                       | 19. Test thermostat   |               |        |  |
| -   | 10. Measure amps of low voltage input |                       | 20. Measure voltage at disconnects  |               |        |  |
|   |                                       |                       |   |               |        |  |
| Eff   | ective Date:                          | # of visits per year: | 1 or 2  | # of systems: | Total: |  |
| Acceptance of Maintenance Agreement   |                                       |                       | PAYMENT METHOD  |               |        |  |
| I understand that this agreement will continue for one year and automatically renews each year unless otherwise directed by Naples Comfort Systems or customer. |                                       |                       | □CASH □CHECK □CHARGE INITIAL  |               |        |  |
|   |                                       |                       | TYPE OF CARD  |               |        |  |
|   |                                       |                       |   |               |        |  |
|   |                                       |                       | Expiration Date   |               |        |  |
| Company Representative  |                                       |                       | Name on Card  |               |        |  |
|   |                                       |                       | Number  |               |        |  |

CVC Code \_\_\_\_\_