

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



# MAINTENANCE AGREEMENT

## SALES • SERVICE • CONSULTING

NAME		
PHONE #		
EMAIL ADDRESS		
PREFERRED METHOD OF CONTACTING YOU, CIRCLE ONE		
EMAIL	PHONE	MAIL
SERVICE ADDRESS	BILLING ADDRESS	
CITY, STATE, AND ZIP	CITY, STATE, AND ZIP	

## BENEFITS

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. \$50.00 Service call</li> <li>2. Never an overtime charge</li> <li>3. Extended equipment life</li> </ol> | <ol style="list-style-type: none"> <li>4. Improved efficiency</li> <li>5. Reduces break downs</li> <li>6. Priority Customer</li> </ol> |
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## 20-POINT TUNE-UP

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| <ol style="list-style-type: none"> <li>1. Chemically clean indoor coil if accessible</li> <li>2. Clean or replace washable filter</li> <li>3. Measure amps of blower motor</li> <li>4. Measure amps of heat kit</li> <li>5. Tighten electrical connections at air handler</li> <li>6. Test capacitor at air handler</li> <li>7. Clean primary drain pan</li> <li>8. Clean secondary drain pan</li> <li>9. Vacuum condensate line</li> <li>10. Measure amps of low voltage input</li> </ol> | <ol style="list-style-type: none"> <li>11. Add anti algae tablet</li> <li>12. Test run and start capacitor at condensor</li> <li>13. Measure compressor amps</li> <li>14. Measure fan motor ampere</li> <li>15. Clean outdoor coil</li> <li>16. Measure voltage to condenser</li> <li>17. Tighten electrical connections on condenser</li> <li>18. Check refrigerant operating pressures</li> <li>19. Test thermostat</li> <li>20. Measure voltage at disconnects</li> </ol> |
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Effective Date:	# of visits per year:	1 or 2	# of systems:	Total:
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### Acceptance of Maintenance Agreement

I understand that this agreement will continue for one year and automatically renews each year unless otherwise directed by Naples Comfort Systems or customer.

\_\_\_\_\_  
 Company Representative

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Date

### PAYMENT METHOD

CASH     CHECK     CHARGE    INITIAL \_\_\_\_\_

TYPE OF CARD \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Number \_\_\_\_\_

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