



HVAC Maintenance Agreement

334-384-9398

4243 Lee Road 248
Phenix City, AL 36867

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 Prohvac will provide skilled technicians to inspect your HVAC equipment to ensure it is operating efficiently. Prohvac 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"/> 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	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <small>**twelve monthly payments with automatic renewal are available.</small> 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.
Prohvac 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 Prohvac at regular rates.

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

Contractor	Customer Acceptance
Signature _____	Signature _____
Date _____	Date _____