

NAME	
ADDRESS	
CITY	STATE
PHONES	
WK	HM
CELL	EMAIL

EAGLE AIR INC.
HEATING & COOLING
 16149 S. LINCOLN HWY. UNIT 103
 PLAINFIELD, IL 60586
 (815) 609 - 4450



SERVICE AGREEMENT
 No 004311

Since 2009

RSA EEG SRR IVE DIE ECM NEE T N I T A L	Summer service will be performed in the spring and consist of: _____	
	_____	Charge \$ _____
	Winter service will be performed in the fall and consist of: _____	
	_____	Charge \$ _____
BSA UEG SRR IVE NIE ECM SEE S N T	Business Name _____	PHONE _____
	Address _____	CONTACT _____
	City, State, Zip _____	
	Preventive maintenance service will be performed _____ and consist of _____	

	Total Charge \$ _____ will be billed and due upon receipt of invoice.	

EQUIPMENT	MFR.	MODEL	SERIAL NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOCATION OF ABOVE IS:

STREET	CITY	STATE	ZIP
Method of Payment			
Check	Services		
Cash	Planned Maintenance Agreement	_____	
Credit Card _____	_____	_____	
	_____	_____	

Any cost of repair maintenance required as result of vandalism, misuse, acts of war, terrorism, rioting, acts of God (including lightning, or casualty, such as fire or flood), is excluded. Any consequential damages as a result of maintenance or repair, or the necessity thereof including, but not limited to, damage due to overflow of water, mildew, fire, freezing of pipes, shall be excluded from this agreement, and shall not be the responsibility of this contractor unless due to this contractor negligence or willful act of omission.

It is understood that this service plan is to begin _____ and continue through _____ after which it is to be automatically renewed each year thereafter by payment of invoice rendered, unless cancelled in writing by either party _____ days prior to renewal date.

Date _____

Customer _____
Date _____

H-S/A