



## **Membership Enrollment Agreement**

CL514869

| Customer Name   |                              | Primary Phone                                     |                     |  |   |               |               |       |       |  |  |
|---|------------------------------|---|---------------------|--|---|---------------|---------------|-------|-------|--|--|
| Address   |                              |   | City                | City   |   |               | State Zip Coo |       |       |  |  |
| Email Address   |                              |   |                     |  |   |               | Phone 2:      |       |       |  |  |
| Equipment Location:   |                              |   | Filter Quantiti     | Filter Quantities:   |   |               | Filter Sizes: |       |       |  |  |
| Equipment   | Manufacturer                 |   | Model N             | Model Number   |   | Serial Number |               |       |       |  |  |
| Equipment   | Equipment Manufactul         |   |                     |  |   |               |               | Age   |       |  |  |
|   |                              |   |                     |  |   |               |               |       |       |  |  |
|   |                              |   |                     |  |   |               |               |       |       |  |  |
|   |                              |   |                     |  |   |               | 1             |       |       |  |  |
| YOUR BENEFITS   |                              |   |                     | SERVICES YOU RECEIVE   |   |               |               |       |       |  |  |
| <ul> <li>Maximum System Efficiency</li> <li>No Overtime Charges</li> <li>Priority Service Status</li> <li>Extended Equipment Life</li> <li>15% Discount on Parts</li> <li>10% Discount on Indoor Air Quality Products</li> <li>Written Condition Report</li> <li>Automatic Renewal</li> <li>Automatic Notification of Service Visits</li> <li>Peace of Mind</li> </ul>  |                              | OVERALL SYSTEM OPERATION                          |                     |  | Check Amperage Draw on Motors                     |               |               |       |       |  |  |
|   |                              | Clean Burners                                     |                     |  | Check and/or Replace Filters                      |               |               |       |       |  |  |
|   |                              | Make Necessary Minor Adjustments                  |                     |  | Check Auxiliary Heat                              |               |               |       |       |  |  |
|   |                              | Clean and Calibrate Controls                      |                     |  | <ul> <li>Check Condensation Drain/Pump</li> </ul> |               |               |       |       |  |  |
|   |                              | Clean Condenser Coil, as needed                   |                     |  | Check Defrost Control                             |               |               |       |       |  |  |
|   |                              | Visually Inspect for Refrigerant Leaks            |                     |  | Check Electrical Connections                      |               |               |       |       |  |  |
|   |                              | <ul> <li>Lubricate Bearings, as needed</li> </ul> |                     |  | Check Evaporator Coil                             |               |               |       |       |  |  |
|   |                              | Make Necessary Recommendations                    |                     |  | Check Heat Exchanger                              |               |               |       |       |  |  |
|   |                              | TASKS   |                     |  | Check Motors                                      |               |               |       |       |  |  |
|   |                              | Check Overall System Operation                    |                     |  | Check for Proper Venting                          |               |               |       |       |  |  |
|   | Check Thermostat             |   |                     | Check Safety Controls  |   |               |               |       |       |  |  |
|   | Check Operating Temperatures |   |                     | Written Equipment Condition Report   |   |               |               |       |       |  |  |
| TER   | MS OF AGREE                  | MENT  |                     | the state of the s | METHOD  | OF            | PAYMI         | ENT   |       |  |  |
| Check Type(s): Cooling  |                              |   | ostatic Air Cleaner | PLANNED MAINTE   | NANCE \$ _  |               |               |       | lonth |  |  |
| Electro   | nic Air Cleaner              | Humid   | difier              | _  |   | _             |               | Per Y | ear   |  |  |
| UV Lights   |                              |   |                     | Recurring Monthly Billing Cash Check #   |   |               |               |       |       |  |  |
| Number of Visits Per Year: Starting Month:  |                              |   | :                   | Credit Card  |   |               |               |       |       |  |  |
| Any cost of repair maintenance required as a result of vandalism, misuse, acts of war, terrorism, riots, 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 Five tenergy Savings Club Agreement and shall not be the responsibility of contractor unless due to contractor negligence or willful act of omission. |                              |   |                     |  |   |               |               |       |       |  |  |
|   |                              |   |                     |  |   |               |               | /     | /     |  |  |
| Customer  |                              |   | Date                | Service Representative Date  |   |               |               |       |       |  |  |



**Customer Information** 

**Customer Name:** 

5654 E. Westover Ave., Suite 112, Fresno, CA 93727 Telephone: (559) 298-6305 www.rareservice.com





We provide the convenience of automatic billing. Simply complete and sign the Credit Card Information section below. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and charges will appear on your monthly credit card statement beginning on the date indicated below. You may cancel this automatic billing authorization at any time by contacting Rare Service. If the billing is cancelled before 12 payments are received, a \$100 cancellation charge is required. Your Five  $\star$  Energy Savings Club Membership is automatically renewed each year unless cancelled in writing by either party with thirty (30) days prior written notice.

| Phone:  | Cell:   |   |
|---|---|---|
| Address:  |   |   |
| City:   | State:  | Zip:  |
| Email Address:  |   |   |
| Payment Information   |   |   |
| I authorize Rare Service Heating and Air Conditioning, Inc. to automatically bill the   | credit card listed below, as  | specified:  |
| Starting Date:// Total Monthly Amount: \$   | _   |   |
| Credit Card Information   |   |   |
| Credit Card Type: Master Card Visa AmEx Discover  | Other   |   |
| Credit Card #:  | Exp Date:/  |   |
| Cardholder Name:(A  | s shown on card) CVC#:  | (On back of card)   |
| Cardholder Billing Address, if different from above:  |   |   |
|   |   |   |
| Credit Card Agreement   | MANAGEMENT OF THE STATE OF THE | A 102 C 102 |
| I hereby authorize Rare Service Heating and Air Conditioning, Inc. to charge the indicated co   | edit card for service provided.   | I agree that this is a periodic   |
| charge that will be made according to my billing cycle, and in order to terminate the recurr  |   |   |
| Savings Club Membership in writing, or arrange for an alternative method of payment.  |   |   |
| which an active recurring billing authorization exists must be made according to the require  |   |   |
| which I have read and understand. I agree that any credits issued for any reason will not be  |   |   |
| next bill. I agree that if I have any problems or questions regarding my Club Membership I  |   |   |
| information provided to me on this Five $\star$ Energy Savings Club Membership Enrollmenunless I have already made an effort, in good faith, to rectify the situation directly, and those |   |   |
| legal cardholder for this credit card, and that I am legally authorized to enter into this recur  |   |   |
| ing, Inc. REQUEST TO TERMINATE AUTHORIZATION OF RECURRING BILLING MUST BE MAI   |   |   |
|   |   | //  |
| Authorized Signature  |   | Date  |
|   |   |   |