



**GICOLL INC. DBA:
ALL AMERICAN AIR CONDITIONING
& APPLIANCE SERVICE**



N. Tampa (813) 972-5293 S. Tampa (813) 835-4004 Brandon (813) 654-2176

AIR CONDITIONING MAINTENANCE AGREEMENT

(NAME)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(TELEPHONE)

The following is a proposed maintenance agreement for your air conditioning system located at the above address. Preventative maintenance will save you money, maintain a healthy environment, improve the running efficiency, reduce electric bills, help to avoid costly breakdowns and extends the life of your air conditioning equipment. At the time of maintenance, the system will have the following items checked:

- Check Freon levels & add up to 2 lbs FREE
- Check condenser & evaporator coils for microbial growth
- Check amperage of compressor
- Inspect filter(s) _____ Size(s) _____
- Check drain line
- Check condenser & evaporator motors
- Inspect blower housing
- Check voltage
- Check drain pan
- Inspect system to ensure installation is to Mechanical Code. Any deficiencies will be noted on separate invoice.
- Check insulation & duct work
- Answer customer questions and/or concerns

The cost for the above maintenance agreement is \$89.95 annually (Normally this cost is \$159.95). Service will be performed once a year, either February/March or November/December.

In the event that any future service is needed (if your air conditioning unit breaks down) we will offer you a 15% discount off all repairs and/or replacement of your unit. Additionally, you will be added to our "preferred customer list" which gives you faster service in the event of a breakdown.

If you do accept this maintenance agreement, please fill in the data on the first page and below, circle which month of service, then sign and date. If it's easier, you may also prepay for this service. If you have any questions please do not hesitate to call one of the above listed numbers. Thank you for allowing All American to maintain your air conditioning needs.

I, _____, do accept this maintenance agreement to be performed in February/March or November/December. (Print name and circle choice of servicing month)

(SIGNATURE)

(TODAYS DATE)

(TECHNICIAN SIGNATURE)

(TODAYS DATE)

(CONDENSER MODEL #)

(AIR HANDLER MODEL #)

(CONDENSER SERIAL #)

(AIR HANDLER SERIAL #)