

Energy Savings Agreement

We agree to provide Energy Savings Customers with a complete precision tune-up and cleaning (annually or semi-annually as applicable) for your heating, air-conditioning or indoor air quality equipment.

As an Energy Savings Agreement Customer you'll receive these benefits:

Increased Savings

- No service charge
- No overtime fees for emergency service
- 15% discount on labor/parts
- Lower heating/cooling bills
- Increased equipment capacity
- Discounted labor and parts
- Longer equipment life

Increased Convenience

- 24-hour phone operators
- Increased comfort

Increased Safety

- Compliance of equipment warranties
- Updated consumer information
- Improved safety

Services Performed

Inspection of:

- Air filters
- Cooling coil
- Blower & Bearings
- Condenser & Fan
- Heat exchange
- Burners
- Flue draft
- Pilot
- Thermostat

Testing of:

- Safety controls
- Thermocouple
- Ignition
- Check and flush drain
- Check voltage/ampage
- Tighten electrical connections
- Adjust air flow & gas pressure
- Clean flame rod
- Geo-thermal operations



Heating & Air Conditioning Specialist

1650 Commerce Road, Springfield, OH 45504

PH 937.323.2300 Fax 937.323.5660 www.delongair.com OH LIC #21356

NAME/ADDRESS/CITY/STATE/ZIP		LOCATION OF EQUIPMENT	
EMAIL			
PHONE	DAY	EVE	

Select	Item/Description	1 Year	Per Month Charge
	Gas Furnace	80.00	9.00
	Electric Furnace	80.00	9.00
	Gas/Electric Boiler	80.00	9.00
	Fuel Oil Equipment	98.00	11.00
	Air Conditioner	80.00	9.00
	Heat Pump	80.00	9.00
	Geo-Thermal (service 2 times per year)	160.00	16.00
	Humidifier	38.00	N/A
	Media Filter Replacement (Each)	48.00	N/A
	Carbon Monoxide Test	30.00	N/A
	Clean Electronic Filters (One time)	45.00	N/A
	Combustion Analysis	40.00	N/A
	UV Bulb Replacement (1 bulb)	135.00	13.00
	UV Bulb Replacement (2 bulbs)	190.00	18.00
	Gas Logs	35.00	N/A
	Over two units per home (-\$20 discount)		
	Other		
Total			
Amount Due			

Agreement Acceptance

Customer _____ Date _____

Method of Payment MasterCard VISA Check Cash

Payment \$ _____ I want to make no hassle monthly payments.

Account/Check Number _____ EXP Date __/__/__

Company Approval _____ Date __/__/__

Customer Approval _____ Date __/__/__

Please sign and mail or fax top copy to us. Retain the bottom copy for your records. Agreement begins when payment is received. After-hour service calls are for emergencies only. Any questions, phone 323-2300. Thank You!