Smart Homeowner Club

Congratulations! You are one step away from increasing the efficiency, function & longevity of your HVAC system. We agree to provide Smart Homeowner Club Members with a complete precision tune-up & cleaning (annually or semi-annually as applicable) for your heating, air-conditioning or indoor air quality equipment.

As a Smart Homeowner Club Member you'll receive these benefits:

- No service charge
- No overtime charge for emergency service
- 15% discount on labor & parts
- $250 credit for replacement system
- 10% off home comfort accessories
- Lower heating & cooling bills
- Increased equipment capacity
- Longer equipment life
- 24/7 phone operators
- Increased comfort
- Compliance of system warranties
- Updated consumer information
- Improved safety
- Transferable should you move

Services Performed
Inspection of:

- Air filters
- Cooling Coil
- Burners
- Flue draft
- Pilot
- Thermostat
- Blower & Bearings
- Condenser & Fan
- Heat Exchange

Testing of:

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

AND MUCH MORE!

DELONG AIR INC.
OH Lic. #21356
Heating & Air Conditioning Specialists

1650 Commerce Rd.
Springfield, OH 45504
P - 937.323.2300
F - 937.323.5660
www.DeLongAir.com

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

	Item/Description	1 year	2 year
	Gas Furnace	85.00	165.50
	Electric Furnace	85.00	165.50
	Gas/Electric Boiler	90.00	175.50
	Fuel Oil Equipment	112.00	220.00
	Air Conditioner	90.00	175.50
	Heat Pump	95.00	185.50
	Geothermal (service 2x/year)	190.00	369.50
	Humidifier	38.00	76.00
	Media Filter Replacement (each)	48.00	4.40
	Carbon Monoxide Test	30.00	2.82
	Clean Electronic Filters (1x)	45.00	4.27
	Combustion Analysis	40.00	3.75
	2 or more heating/cooling units per home	-20.00	- 40.00
	Other		
	Total		
	Amount Due		

Membership Acceptance

_____ / / 20

Customer Signature Date

Method of Payment:

☐ MasterCard ☐ Visa ☐ Check ☐ Cash Payment $ _____

Account/Check # _____ Exp. __/__/___

Company Approval: _____ Date __/__/___

Customer Approval: _____ Date __/__/___

Please sign and mail or fax copy to us. Retain the bottom copy for your records. Membership begins when payment is received. After-hours service calls for emergencies only. Any questions, please call 323.2300. Thank You!

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