

NEW CARE PLAN 1-800-COOLING

5750 Chandler Court | Westerville, OH 43082 www.careheatingandcooling.com

Customer Name:	 E-mail:
Customer Address:	

Covered Equipment: _____

In order for your heating and cooling system to perform at peak efficiency and for your peace of mind, a CARE Plan is a necessity. Having our service experts maintain your equipment will ensure the safety of your system, increase its reliability, lower your utility usage, and help prevent breakdowns during the year. This CARE Plan agreement is between the Customer named above and CARE Heating and Cooling, Inc. ("CARE") for the purpose of annual maintenance and savings for the heating and/or air conditioning equipment at the above address ("**Covered Equipment**") from ___ / ___ through ___ / ___ .

Please select one of the following CARE Plans (pricing listed is for each Furnace/AC or Heat Pump system):

CARE Safety Plan	CARE Plan	CARE Premium Plan
\$189/year -or-	\$249/year –or–	\$339/year -or-
\$15.00/month (save \$9)	\$20.00/month (save \$9)	\$27.00/month (save \$15)
 One annual whole-system safety inspection Priority customer scheduling 30-day warranty on parts and labor for any repair 	 Two semi-annual tune ups (one for cooling, one for heating) Priority customer scheduling 50% off service call fee Extended one-year warranty on parts and labor for any repair 10% discount on any repair or indoor air quality installation \$150 off any air conditioner or furnace replacement 	 Two semi-annual tune ups (one for cooling, one for heating) Priority customer scheduling No service call fee Extended one-year warranty on parts and labor for any repair 20% discount on any repair or indoor air quality installation \$250 off any air conditioner or furnace replacement

PAYMENT OPTIONS (please select method and	frequency) PAYMENT TOTAL: \$
	Annual Installments
CREDIT CARD	Monthly Installments (credit card only)
UVISA MASTERCARD DISCOVER	
CARD NO.:	EXP DATE: / SECURITY CODE:

I hereby authorize CARE to charge the above credit card or debit card for any CARE Plan payments due. I have read and agree to the terms and conditions of this CARE Plan agreement.

SIGNATURE: _____ DATE: