# YEARLY MAINTENANCE PLAN

# Simons Heating & Cooling, Inc.

47 Main Street • Queensbury, NY 12804 • 518-955-1051 www.simonshvacny.com • support@simonshvacny.com

### **Yearly Maintenance Plan Includes:**

• One precision tune-up, professional cleaning and filter change, and rejuvenation of your air conditioning system PLUS one safety check annually (early spring/summer)

#### AND/OR:

- One precision tune-up, professional cleaning and filter change, and rejuvenation of your heating system PLUS one safety check annually (early fall/winter)
- A discount of 25% on any parts needed for repairs
- Reduced after hours service rates discounts starting at \$195 to \$99 for the dispatch fee, and \$149 to \$99 for the hourly labor rate (rates are based on location, minimum 1 hour labor charged)
- A complimentary indoor air quality test

### **Benefits of Simons' Plan:**

- No money is owed up front or at time of service. A convenient monthly charge is applied automatically to your card
  on file
- Annual cleaning and servicing can double the life of your HVAC system
- Regular maintenance increases the efficiency and efficacy of your system, saving energy and money
- · Savings on utility bills will pay for the annual service, and potentially more!

## **MONTHLY RATES**

Gas Heat or AC: \$14
Gas Heat and AC: \$27

Single Head Ductless System: 1 Stop \$14, 2 Stops \$27

Additional Mini Split Heads: \$4/each

Combi Boiler: \$24

**Tankless Water Heater: \$17** 

Oil Furnace or Boiler: \$19

Oil Furnace or Boiler and AC: \$33

Generator: \$19 Humidifier: \$4 Merv 11 Filter: \$4 Merv 16 Filter: \$13

PERSONAL INFORMATION Name	Equipment	Make	Warranty Date	Model No.	Serial No.
NameMailing Address					
Home Phone					
Cell Phone					
E-Mail					

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		TERMS						
Required Monthly Investment \$	•	Automatic Credit Card/Debit.						
I understand that the <b>monthly</b> fee will continue un to two weeks for termination processing.	ntil a wri	tten notice of ten	mination is received to	support@simo	nshvacny.com. Allow up			
Method of payment: (Please complete and sign)	□ Visa	☐ Mastercard	☐ American Express	☐ Discover				
Account #			Card Expiration Da	te mo	yr			
CVC Code								
Representative				Date				
Client Signature				Date				
Onother Origination of				DUIO				