

# PREVENTIVE MAINTENANCE CONTRACT OFFER

# REM

AIR CONDITIONING  
OF TAMPA, INC.

AIR CONDITIONING & HEATING

3212 N. 40TH ST. • SUITE 602 • TAMPA, FLORIDA 33605

**PHONE: (813) 248-5877**



**BBB Rating: A+**

<b>Policy Price</b> <b>\$140<sup>00</sup></b> Per System SINGLE FAMILY HOMES GROUND UNITS	<b>Policy Price</b> <b>\$160<sup>00</sup></b> Per System CONDOS + TOWNHOUSES GROUND UNITS	<b>Policy Price</b> <b>\$195<sup>00</sup></b> Per System <b>ROOF TOP UNITS</b>
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Dear Customer:

You have a large investment in the central air conditioning and heating system in your home. You can prolong the life of this equipment by having it properly serviced on a regular basis.

This agreement includes two visits per contract year during \*normal working hours for a service call for repairs or a preventive maintenance check up. The preventive maintenance check up consists of:

- Check cooling and heating cycles
- Clean and check condenser coil
- Sanitize air handler
- Check inside evaporator coil
- Check blower assembly
- Oil fan motors according to recommendations of manufacturer
- Calibrate thermostat
- Inspect filter and clean washable filters
- Inspect safety controls
- Monitor starting capacity
- Electrically measure amperage draw
- Check defrost cycles

- Check all electrical control connections and tighten if needed
- Clean out drain line and add tablets to drain pan for algae and sludge build up
- Check level of outside unit
- Check Freon pressures
- Inspect breakers
- Check air flow
- Secure fan blades
- Examine heat exchanger
- Check heat strips
- Check reversing valve
- Inspect contactor and relays

**20%**  
**INCLUDED UNDER THIS POLICY YOU WILL ALSO RECEIVE A ~~10%~~ DISCOUNT**  
**ON PARTS AND CLEANING OF THE EVAPORATOR COIL AND BLOWER ASSEMBLY.**

**\*HOURS OF SERVICE:** Service covered by this agreement will be scheduled during the company's regular working hours: 8:00 a.m. to 4:00 p.m., Monday through Friday; Saturday 8:00 a.m. to 12:00 p.m., except holidays.

FILL OUT BELOW INFORMATION AND SEND IN WITH YOUR PAYMENT. THANK YOU

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

