

## 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/amperage
- Tighten electrical connections
- Adjust air flow & gas pressure
- Clean flame rod
- Geo-thermal operations



web

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	2 Years
	Gas Furnace	80.00	150.00
	Electric Furnace	80.00	150.00
	Gas/Electric Boiler	80.00	152.00
	Fuel Oil Equipment	98.00	185.00
	Air Conditioner	80.00	150.00
	Heat Pump	80.00	150.00
	Geo-Thermal (service 2 times per year)	160.00	300.00
	Humidifier	38.00	68.00
	Media Filter Replacement (Each)	48.00	86.00
	Carbon Monoxide Test	30.00	50.00
	Clean Electronic Filters (One time)	45.00	80.00
	Combustion Analysis	40.00	70.00
	UV Bulb Replacement (1 bulb)	135.00	260.00
	UV Bulb Replacement (2 bulbs)	190.00	360.00
	Gas Logs	35.00	60.00
	Over two units per home (-\$20 discount)		
	Other		
Total			
Amount Due			

### Agreement Acceptance

Customer \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment  MasterCard  VISA  Check  Cash

Payment \$ \_\_\_\_\_

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!