

Trenary Service Company
2022 Comfort Club Service Policy Price List

	Price	Monthly	Visits
Air Conditioner	\$ 132.00	\$ (11.00)	1
A/C & Gas Furnace	\$ 240.00	\$ (20.00)	2
A/C & Oil Furnace	\$ 312.00	\$ (26.00)	2
Gas Furnace	\$ 132.00	\$ (11.00)	1
Oil Furnace	\$ 204.00	\$ (17.00)	1
A/C & Gas Boiler	\$ 264.00	\$ (22.00)	2
A/C & Oil Boiler	\$ 336.00	\$ (28.00)	2
Gas Boiler	\$ 156.00	\$ (13.00)	1
Oil Boiler	\$ 228.00	\$ (19.00)	1
Heat Pump	\$ 240.00	\$ (20.00)	2
Heat Pump & Gas Furnace	\$ 324.00	\$ (27.00)	2
Heat Pump & Oil Furnace	\$ 396.00	\$ (33.00)	2
Electric Furnace	\$ 132.00	\$ (11.00)	1
Electric Furnace & A/C	\$ 240.00	\$ (20.00)	2
Geothermal	\$ 360.00	\$ (30.00)	2
Add on: Humidifier or EAC	\$ 48.00	\$ (4.00)	1

****** All contracts will renew at Full Price yearly with automatic CC deduction ******

Customer to supply office with valid credit/debit card info at all times

A/C Inspections: April 1st thru July 1st

Heat Inspections/Maintenace: September 1st thru December 1st

AIR FILTER REPLACEMENT "ADD-ON" SERVICE

	Price	Monthly
Replace 1 filter, 6 times a year	\$ 136.00	\$ (11.34)
Replace 2 filters, 6 times a year	\$ 170.00	\$ (14.17)
Replace 3 filters, 6 times a year	\$ 206.00	\$ (17.17)
Replace 4 filters, 6 times a year	\$ 242.00	\$ (20.17)
Replace 5 filters, 6 times a year	\$ 278.00	\$ (23.17)
Replace 6 filters, 6 times a year	\$ 314.00	\$ (26.17)

(2 of the 6 times are covered by your inspection visits)

***** This service is offered only as an add-on to Service Policy Customers *****

Filters are 1 inch pleated air filters (same cost for every size filter)

T LYNN LLC

Heating & Air Conditioning / Care / Repair / Replacements

Comfort Club - Routine Service Policy

In consideration of the sum of \$ _____, we will provide planned maintenance () times per year. This maintenance will be provided and arranged during our normal business hours (8am-4pm). Non-maintenance service, additional work, repair work will be rendered under a separate ticket. Any parts not covered by normal planned maintenance will be billed at 10% discount rate (compressor, heat exchanger, refrigerant, and new equipment not applicable under this policy).

This agreement begins _____ and will expire 1 year from this date.

Indoor Unit:

Model#

Serial#

Outdoor Unit:

Model#

Serial#

Furnace:

Model#

Serial#

Other Equipment:

Model#

Serial#

Terms & Conditions

1. It is the **customers responsibility** to schedule/set up maintenance appointments. Initial: _____
2. This agreement covers the basic maintenance items per each individual system. Initial: _____
3. Emergency service is **NOT** covered by this agreement. Initial: _____
4. This agreement does not include repairs caused by, or which are the result of voltage conditions, open circuit breakers or other damages due to the inadequacy or interruption of electrical service, open emergency switch, oil/gas outage. Initial: _____
5. This agreement does not cover damages as a result of floods, winds, fires, lightning, accidents, corrosive atmosphere, or other conditions beyond the control of our companies. Initial: _____
6. Water and fuel caused incidental damages not included. Initial: _____
7. We reserve the right to refund the amount of this agreement if we determine equipment is beyond economical repair. Initial: _____
8. All Payments are non-refundable and Agreement WILL NOT be extended past expiration date.(Not even due to COVID) Initial: _____
9. Customer understands that a Maintenance Appointment can and will be rescheduled over No A/C and No Heat Calls. Initial: _____

*Purchaser Name _____ *Phone# _____

*Address _____

*Email Address _____

*Purchaser Signature _____ *Date _____

Office Signature _____ Date: _____

Make all checks payable to: T. Lynn LLC

Form must be filled out completely

Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize T. Lynn, LLC to charge my
(Cardholder's Name) (Merchant's Name)

Credit Card indicated below for \$ _____ on the _____ of
(Amount \$) (day)
each month.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Cardholder's Signature)

DATE _____

