

WALDORF *Riley* HEATING | COOLING | PLUMBING

Premier Customer Maintenance Agreement

By enrolling in our Premier Customer Maintenance Agreement, you will receive regular discounts on repairs and regular maintenance appointments. The regular maintenance appointments will help prevent breakdowns, ensure proper performance, and optimum efficiency.

MEMBERSHIP BENEFITS:

Easy monthly payments or pay in full option

2 Maintenance Appointments per year

Year Supply of Filters (1" or Airbear) - Any additional filters will be extra
(2)-1" filters or (1) - Airbear at every maintenance appointment

10% Discount on repairs during normal business hours

Availability to Emergency Service During peak times

May 1st – September 15th and December 1st – January 31st

Extreme weather conditions such as extreme cold or extreme hot could alter these dates. Major holidays are excluded.
Emergency Service rate of \$150 per hour still applies.

Terms and Conditions:

By selecting services included in the Waldorf Riley yearly maintenance contract, the homeowner agrees to the following terms and conditions:

1. All contracts are subject to Waldorf Riley inspection and approval of the customer's heating and/or air conditioning equipment as suitable for inclusion under this contract.
2. The effective period of this contract shall be for (1) year commencing from the 1st of the month of the date of the subscription.
3. This contract will automatically renew yearly at the current rate. Cancellation must be done in writing.
4. Waldorf Riley will make attempts to reach you by phone / e-mail/ and or postcard to schedule your maintenance appointment.

1705 N. Summit - Arkansas City - Kansas - 67005 - 620-442-5610 - Fax 620-442-5614
124 E. Harvey - Wellington - Kansas - 67152 - 620-326-7788
729 N. Union - Ponca City - Oklahoma - 74601 - 580-762-2700

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Customer Name: _____ Phone #: _____

Address: _____

E-Mail: _____

Payment Options** - NON AUTO DEBIT PRICE

Please circle 1 option ONLY

Pay In Full Price Per Year:

- | | |
|---------------------------------------|--------------------|
| (1) System w/1" Filters \$195.00 | Filter Size: _____ |
| (2) Systems w/1" Filters \$272.00 | Filter Size: _____ |
| (1) System w/Airbear Filter \$231.00 | |
| (2) Systems w/Airbear Filter \$302.00 | |
| (1) System w/ No Filters \$159.00 | |
| (2) Systems w/ No Filters \$227.00 | |

**For more than 2 systems please call for pricing.

I have read and agree to the above terms and conditions.

Customer Signature: _____ Date: _____

Waldorf Riley Representative Signature: _____ Date: _____

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Customer Name: _____ Phone #: _____

Address: _____

E-Mail: _____

Payment Options** - AUTO DEBIT PRICE

Please circle 1 option ONLY

Pay In Full Price Per Year:

- (1) System w/1" Filters \$180.00 Filter Size: _____
- (2) Systems w/1" Filters \$252.00 Filter Size: _____
- (1) System w/Airbear Filter \$216
- (2) Systems w/Airbear Filter \$282.00
- (1) System w/ No Filters \$144.00
- (2) Systems w/ No Filters \$207.00

Monthly Payment Price ½ down then monthly Payments:

- (1) System with 1" Filters - \$90 down then payments of \$15.00 per month
 - (2) Systems w/ 1" Filters - \$126 down then payments of \$21.00 per month

 - (1) System w/Airbear Filter - \$108 down then payments of \$18.00 per month
 - (2) Systems w/Airbear Filter - \$141 down then payments of \$23.50 per month

 - (1) System with No Filters - \$72 down then payments of \$12.00 per month
 - (2) Systems with No Filters - \$103.50 down then payments of \$17.25 per month
- Monthly payments must be automatically withdrawn

**For more than 2 systems please call for pricing.

I have read and agree to the above terms and conditions.

Customer Signature: _____ Date: _____

Waldorf Riley Representative Signature: _____ Date: _____



EFT Authorization

I, _____ authorize Mechanical Innovations,
(Customer Name)

To debit my checking account /credit card (please circle one) in the amount of _____ monthly or yearly (please circle one). This amount will be debited on the 1st of the month, the 15th of the month, or yearly on your renewal date (please circle one). This authorization will remain in effect until it is revoked by me in writing.

Account # _____

Routing # _____

Credit Card # _____ Exp Date _____ CCV _____

If a bank account is being used, please attach a voided check.

There will be a \$25.00 fee for any returned transaction.

Customer Signature _____ Date _____