



# COMFORT CARE PLANS

AVAILABLE PLANS	EQUIPMENT	MONTHLY	TOTAL
<b>COMFORT CARE MAINTENANCE PLAN</b>  Included on all pieces of equipment registered to the agreement: A precision tune-up, priority service, 90-day diagnostic warranty, 20% discount off all repairs, no after-hours premiums and a 5% discount off replacement equipment.	F FURNACE / AIR HANDLER	_____ \$ 9.99	\$ _____
	A AIR CONDITIONER / HEAT PUMP	_____ \$ 9.99	\$ _____
	FP FIREPLACE	_____ \$ 9.99	\$ _____
	CB BOILER / DWH	_____ \$ 18.99	\$ _____

<b>COMFORT CARE PROTECTION PLUS PLAN</b>  Included on all pieces of equipment registered to the agreement: A precision tune-up, priority service, parts and labour warranty (with no annual limit) and a 5% discount off replacement equipment.	FPP FURNACE / AIR HANDLER	_____ \$ 21.99	\$ _____
	APP AIR CONDITIONER / HEAT PUMP	_____ \$ 21.99	\$ _____

<b>COMFORT CARE ADD-ONS</b>  Included on all pieces of equipment registered to the agreement: A precision tune-up, priority service, 90-day diagnostic warranty. **These agreements are available as an add-on to one of the above primary plans	SWH STORAGE GAS / WATER HEATER	_____ \$ 6.99	\$ _____
	HRV HRV / ERV / EAC / HEPA	_____ \$ 3.99	\$ _____
	HUM HUMIDIFIER	_____ \$ 3.99	\$ _____

<b>DISCOUNTS</b>  *Any 2 primary plans - subtract 10% from total of all plans  For full details and Terms + Conditions, please visit <a href="http://www.asbuiltcomfortcare.com">www.asbuiltcomfortcare.com</a>	SUBTOTAL	\$ _____
	_____ % DISCOUNT	\$ _____
	SUBTOTAL	\$ _____
	HST	\$ _____
	<b>MONTHLY TOTAL</b>	\$ _____

## CUSTOMER DETAILS

first + last name(s)	( ) -
e-mail address	home phone
address	( ) -
	mobile
	postal code

I/we authorize Asbuilt Comfort Care Inc., and financial institution designate (or any other financial institution I/we may authorize from time to time) to begin deductions as per my/our instructions for monthly regular payments and/or one-time payments from time to time, for payment of all charges arising under my contract with Asbuilt Comfort Care. This authorization shall remain in effect until Asbuilt Comfort Care has received from me/us notice of its change or termination. This notification must be received 10 business days prior to the next debit date. Asbuilt Comfort Care may not assign this authorization, whether directly or indirectly without providing 10 days prior written notice.

**METHOD OF PAYMENT**      VISA       MASTERCARD       PRE-AUTHORIZED DEBIT  (\*attach void cheque)

1st of every month		
payments	start date	amount
credit card number	expiry date	cvv
authorized signature(s)	date	
CUC <input type="checkbox"/>	CC/PAD <input type="checkbox"/>	CUST # _____
	TECHNICIAN	_____