

Maintenance Enrollment Form

Your Information: (PLEASE PRINT)						
Name & Address:						
Contact Info:	E-m	nail:				_
		System Info	rmatio	n:		
System Manufacturer: _						
System Type: (circle system Type: (circle system A.C. Only A.C. Only Gas Forced Air with A.C. Heat Pump Geothermal Ductless Heat Pump/A.C.		applies)				
Air Filter Size:	X	X		(i.e. 16"x20"x	1")	
Additional Comfort Equ	ıipment: ((i.e. humidifier	, media	filter, etc.)		_
	Bi-Ar	nnual Mainten \$250 per	n ance C year	Contract		
An annual contract is availa	able for gas	s torced air only	r system	s or A.C. only sy	stems for \$125 per ye	ar
Authorized By:					Date:	

Please sign and return one copy along with payment to:

Advanced Air Heating & Cooling LLC 1712 Pioneer Rd Lancaster, PA 17602

Any questions concerning this form please contact: Ed @ 606-3625, Hans @ 314-5951 or info@advancedairlanc.com