

Absolute Air & Appliance Repair Maintenance Program

Regular Maintenance of your equipment can save you thousands of dollars in energy cost .
 Up to 30% a year in Savings and helps to Extend the Life of Your Equipment.
 Join Absolute Air & Appliance Repair Service Program, Maintenance of the Following:

- | | | |
|---------------------------------|---------------------|--------------------------|
| *Air Conditioner Condenser Coil | *Evaporator Coil | *Condensate Drain Line |
| *Furnace Burners | *Condensate Pump | *Refrigerant / Freon |
| *Fan Limit Control | *Thermostat | *Electrical Connections |
| *Motor / Pulley / Belt | *Electrical Heaters | *Blower Assembly |
| *Lube / Oiling | *Leak Inspection | *Air Flow Inspection |
| *Contacts / Relays | *Filter System | *Evaluation Of Equipment |

Your Membership Also Guarantees Appointments, Provides Free Services & Discounts on Repairs . . .
 If Needed You Receive Credit For Unused Portion Of Membership Toward New Equipment.

Your Absolute Membership will pay for itself year after year!

It's Simple - Choose the Membership That Best Suits Your Needs, Then Fill In The Information Below.

Questions Please Give Us A Call

St. Louis (314) 615-9000 Jefferson County (636) 937-3400

Platinum Membership

- Priority Service
- 1 AC Cleaning/Inspection
- 1 Furnace Cleaning/Inspection
- 4 Free Service Calls per year
- 15% Discount on Repairs

Gold Membership

- Priority Service
- 1 AC Cleaning/Inspection
- 1 Furnace Cleaning/Inspection
- 2 Free Service Calls per year
- 10% Discount on Repairs

Silver Membership

- Priority Service
- 1 AC Cleaning/Inspection
- 1 Furnace Cleaning/Inspection

Select Your Membership Level
 Please Mark Yearly Choice

- \$240.00 package (43% Savings)
- \$45.00 per each additional unit

Select Your Membership Level
 Please Mark Yearly Choice

- \$180.00 package (38% Savings)
- \$50.00 per each additional unit

Select Your Membership Level
 Please Mark Yearly Choice

- \$120.00 package (25% Savings)
- \$55.00 per each additional unit

Please List Equipment Here

Select and Mark Your Membership Choice Above and Enter Your Payment Method Below.

Total Selection Amount \$ _____ Effective from ____/____/____

This program will be valid for 12 months from the effective date listed above.

Please Circle or Check or X Mark The Method of Payment You Choose: _____ Check _____ Cash _____ Credit Card

Complete Customer and Payment Information Below:

Name (as on card) _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ Work _____ Email _____

Credit Card _____ Visa _____ MasterCard _____ Discover _____

Account # _____ Expire Date _____ CCV(3 digit code) _____

Authorized Signature _____ Date _____