Priority Club Membership

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Date//	
Client #	Semi-Annual
Client Name	
Priority Club Member Benefits	
Scheduled Reminders for Yearly Cleanings	
Priority Member Discounts on new System installations	\bigotimes
15% Discount on Service Repairs	
\$40 off Travel/Diagnostic Fees	\bigcirc
\$40 off Your First Preventative Maintenance	
Discount starts with todays service	\bigotimes
No Overtime Rates for Emergency After-Hours Service	\bigotimes
Guaranteed Appointments within 48 Hours	
Preventative Maintenance and Safety Inspections included	Semi-Annual
Membership fees per month for each Comfort System	\$/Month
Client Name:	
Client Name:	
Email:	
Email: Address: Home Phone:	
Email: Address: Home Phone:	
Email: Address: Home Phone:	
Email:	e:
Email:	e: ate: / Sec. Code:
Email:	e: ate:/ Sec. Code: the method of payment listed above
Email: Address: Home Phone: Home Phone: Address: City: State: Zip: Alternate Phone: Total Monthly Payment: \$	ate:/ Sec. Code: the method of payment listed above processing.)
Email: Home Phone: Address: Home Phone: City: State: Zip: Alternate Phone Alternate Phone Total Monthly Payment: Start Billing on: / Card Type: Card#: Exp D Name on Card: Billing Address (if different): Exp D I hereby authorize All Weather Mechanical. Inc. to process my monthly member fees using until cancellation notice is received at the corporate office. (Allow up to 2 weeks termination	ate:/ Sec. Code: the method of payment listed above processing.)

405 Woodland Dr. Jacksonville, NC 28540 • PH: 910-554-3252 • WWW.awmhvac.com

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Date Clien Clien	t#	/				-3 Zone Juctless			Zone ctless	
Prior	rity Club Membe	er Benefits								
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\$40 c	\$40 off Travel/Diagnostic Fees				\bigotimes			S		
\$40 c	\$40 off Your First Preventative Maintenance				S			S		
Disco	Discount starts with todays service							S		
No O	No Overtime Rates for Emergency After-Hours Service				\bigcirc			S		
Guar	Guaranteed Appointments within 48 Hours			S			I			
Preve	Preventative Maintenance and Safety Inspections included			Semi-Annual			Semi-Annual			
Meml	oership fees per n	nonth for each	Comfort Sy	ystem	\$	/Mo	nth	\$	/Month	
Client	Name:									
Email:										
Addre	ss:				Home Pl	hone:				
City: _			State:	_ Zip:	Alternate	e Phone:		· · · · · · · · · · · · · · · · · · ·		
Total I	Monthly Payment: \$		Start Billing	on:/		-				
Card 7	уре:	_ Card#:				_Exp Date: _	/	_Sec. Code	:	
Name	on Card:		Billi	ing Address (if diffe	erent):		- i i i i i i i			
I hereby authorize All Weather Mechanical. Inc. to process my monthly member fees using the method of payment listed above until cancellation notice is received at the corporate office. (Allow up to 2 weeks termination processing.)										
Custo	mer Signature:				I	Date:				
Autho	ized Representative	9:				Date:				

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