

Priority Club Membership

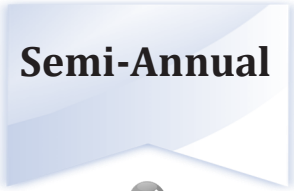
910-554-3252 • www.awmhvac.com



Date _____/_____/_____

Client # _____

Client Name _____



Priority Club Member Benefits



Scheduled Reminders for Yearly Cleanings



Priority Member Discounts on new System installations



15% Discount on Service Repairs



\$40 off Travel/Diagnostic Fees



\$40 off Your First Preventative Maintenance



Discount starts with todays service



No Overtime Rates for Emergency After-Hours Service



Guaranteed Appointments within 48 Hours



Preventative Maintenance and Safety Inspections included

Semi-Annual

Membership fees per month for each Comfort System

\$ _____ /Month

Client Name: _____

Email: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Alternate Phone: _____

Total Monthly Payment: \$ _____ Start Billing on: _____/_____/_____

Card Type: _____ Card#: _____ Exp Date: ____/____/____ Sec. Code: _____

Name on Card: _____ Billing Address (if different): _____

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.)

Customer Signature: _____ Date: _____

Authorized Representative: _____ Date: _____

Priority Club Membership



910-554-3252 • www.awmhvac.com

Date _____/_____/_____

Client # _____

Client Name _____

**1-3 Zone
Ductless**

**4-5 Zone
Ductless**

Priority Club Member Benefits



Scheduled Reminders for Yearly Cleanings



Priority Member Discounts on new System installations



15% Discount on Service Repairs



\$40 off Travel/Diagnostic Fees



\$40 off Your First Preventative Maintenance



Discount starts with todays service



No Overtime Rates for Emergency After-Hours Service



Guaranteed Appointments within 48 Hours



Preventative Maintenance and Safety Inspections included

Semi-Annual

Semi-Annual

Membership fees per month for each Comfort System

\$ /Month

\$ /Month

Client Name: _____

Email: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Alternate Phone: _____

Total Monthly Payment: \$ _____ Start Billing on: _____/_____/_____

Card Type: _____ Card#: _____ Exp Date: ____/____/____ Sec. Code: _____

Name on Card: _____ Billing Address (if different): _____

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.)

Customer Signature: _____ Date: _____

Authorized Representative: _____ Date: _____