Masciantonio
HEATING & AIR CONDITIONING
Our Family Serving Yours For Over 60 Years!

Mailing Address:
P.O. Box 381
Conshohocken, PA 19428-0381

Conshohocken (610) 828-5159
Collegeville Area (610) 584-0200

MAINTENANCE AND SERVICE AGREEMENT FORM

Signing-up is simple!

Call or return this form to sign-up now. Prices shown are for one FULL year of protection.
See enclosed Terms & Conditions for complete details

ENROLL ME IN THE FOLLOWING PLAN(S): (Check below if you wish to order)

☐	**BASIC HOUSE HEATER CONTRACT** $139.00 (natural gas, electric and propane	$ _____
☐	**PREMIUM HOUSE HEATER CONTRACT** $198.00 (natural gas, electric and propane) (Includes Basic House Heater Repair Contract Plus a Pre-Season Check-Up)	$ _____
☐	**GAS HOUSE HEATER PRE-SEASON CHECK-UP PLAN** $99.00 (gas, electric, propane)	$ _____
☐	**WATER HEATER REPAIR CONTRACT** $48.00 (natural gas, propane, electric)	$ _____
☐	**BASIC/CENTRAL AIR CONDITIONING/HEAT PUMP CONTRACT** $139.00	$ _____
☐	**PREMIUM AIR CONDITIONING/HEAT PUMP REPAIR CONTACT** $198.00	$ _____
☐	**CENTRAL AIR CONDITIONING/HEAT PUMP PRE-SEASON CHECK-UP PLAN** $99.00	$ _____

TOTAL ENCLOSED OR CHARGED TO CREDIT CARD $ _____

Covers one of each item mentioned. For example, if you have two central air units, you need to purchase two of the same option to have both covered. **30-day waiting period applies before coverage takes effect for new enrollees**. Prices include applicable sales tax. Equipment must be in good working order at time of enrollment. Please do not staple or paperclip your check to this form. Please return entire form with your payment.

NOTE: These prices are offered for a limited time only

METHOD OF PAYMENT

I have read and agree to the Terms and Conditions for the Masciantonio Heating and Air Conditioning Maintenance and Service Agreement Plan(s) I am purchasing:

☐ Check Enclosed (make payable to: *Masciantonio Heating & Air Conditioning*)

☐ Bill my credit card: ☐ MasterCard ☐ VISA ☐ AMEX

Card Number: Expires

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐

Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____