

PEACE OF MIND MEMBERSHIP ENROLLMENT FORM

First Name, Last Name Street Address City, State, ZIP

Service Location: Street, City, State, Zip

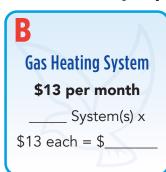
Helio! We have updated our maintenance agreement. If you previously made a single or annual payment, you will need to enroll in the new **Peace of Mind Membership**.

Questions? Please call 484-470-1985 during business hours or visit OliverHeatCool.com.

_____ State: _____ Zip: ____

Select a membership plan(s) for annual safety inspection(s). Indicate the number of systems in your home.

A	
Air Conditioner System	
\$13 per month	
System(s) x	
\$13 each = \$	





C2 Additional
Ductless Split System
Indoor Unit
\$13 per month
____ System(s) x
\$13 each = \$____

*2 inspections per year

Total for all systems per month \$_____

Payments will be automatically withdrawn on the same date each month. If membership is canceled within 12 months, the customer is responsible for any and all services provided.

Visit **Oliverheatcool.com** to see all **Peace of Mind Membership** Terms and Conditions.

Customer Care: Phone: 484-470-1985 • Email: rsvc@oliverhvac.com

Detach here and return the bottom portion in the envelope provided or call Customer Care to enroll over the phone.

First Name, Last Name Street Address City, State, ZIP	Check your choices and write in the number of systems: B C1 C2
Select one of these pay	ment options and fill in all required information.
CHECKING ACCOUNT	CREDIT CARD (We accept Discover, Visa, MasterCard, American Express)
Name on Checking Account:	Card Number:
Bank Routing Number:	CVV: Expiration Date:
Checking Account Number:	Billing Address:

City: _



Oliver Heating & Cooling 101 Waverly Avenue Morton, PA 19070