

Diamond Club MEMBERSHIP

Your membership guarantees appointments and provides valuable FREE services and discounts on repairs. Regular service of your equipment saves energy costs and extends the life of your system.

GOLD MEMBERSHIP
\$19.95/month or \$249/year*

1. Priority Service: We are there for your emergency. Weekends and holidays you receive priority service at no additional cost. Reduced diagnostic fee is only \$29.
2. AC Super Tune-Up: condenser cleaning, drain clearing and complete system check!
3. Heating Super Tune-Up: Furnace cleaning, and complete system check!
4. Repairs:
 - A. Free Repairs THROUGH LEVEL 3
 - B. \$29 diagnostic service
5. Preferred 5% discount on any new system

DIAMOND MEMBERSHIP
\$14.95/month or \$189/year*

1. Priority Service: We are there for your emergency. Weekends and holidays you receive priority service at no additional cost. Reduced diagnostic fee is only \$29.
2. AC Super Tune-Up: condenser cleaning, drain clearing and complete system check!
3. Heating Super Tune-Up: Furnace cleaning, and complete system check!
4. Repairs:
 - A. 20% discount on all repairs
 - B. \$29 diagnostic service
5. Preferred 5% discount on any new system

**membership fee per heating and cooling system.
 Repairs not covered by club membership: Compressors, heat exchangers, ICM motors, system rejuvenation, deteriorated coils, duct replacement and duct cleaning.
 Consumable items not included: filters, UV bulbs, surge protectors.*

Date _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____

Number of Systems at this location: _____

I hereby authorize Diamond Air to draft the monthly total investment of \$ _____ on the _____ of each month from my account
 1st draft to begin: _____

Method of Payment
 Bank Draft Credit Card

Bank Draft
 Checking Savings (Please provide a voided check or deposit slip.)

Credit Card
 Visa Master Card Discover AMEX

Account # _____
 Code _____ Expiration date: Month _____ Year _____
 Name on card _____

Other
Paid in Full - 1 Year
 Amount \$ _____ Check # _____

Club Exclusions: _____

I understand that the monthly fee will continue until a written notice of termination is received in your office 15 working days prior to my draft date.

Representative Signature _____ Date _____
 Client Signature _____ Date _____



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