



Home Protection Plan

Safety and Efficiency Agreement

Proposal For:		Equipment Location:	
Name:		Address:	
Address:	City/Zip:	City:	Zip:
Home Phone:		Site Phone:	
Work Phone:		Authorized Person:	
E-mail Address:		Pre-approved repair amount: \$	

Benefits of Planned Maintenance			
* Priority service	* No overtime rates	* Preferential emergency service scheduling	* 10% discount on additional service repairs including appliance repairs
* Biannually safety checks of your heating and cooling system saves you money, and you know it is working correctly.	* Lower fuel bills	* 5% discount on installation of new equipment	

Maintenance Plan			
Plan: A B C D	(See Other Side)		
Number of Service Inspections:	Start Date:	End Date:	
We will inspect your equipment as marked above during normal working hours. The cost of inspections will be \$ _____, payable yearly in advance.			

Equipment Covered			
Make:	Model:	Serial:	Inst. Date:
Make:	Model:	Serial:	Inst. Date:
Make:	Model:	Serial:	Inst. Date:

- | | |
|---|---|
| <ul style="list-style-type: none"> * Repair Charges necessary to correct defects discovered by this maintenance inspection will be the sole responsibility of the purchaser. * Repair workmanship is guaranteed for 30 days from the date of repair. * Payment for maintenance inspections per this agreement will be PREPAID. Additional repair charges necessary to correct defects discovered by this inspection are C.O.D. | <ul style="list-style-type: none"> * The services outlined in this agreement will be performed during normal working hours. Repair service requested by customer will be provided during normal working hours at current rates for labor and materials. * When calling for service please identify yourself as a Home Protection Plan Member. Have this agreement available to show the technician upon arrival. |
|---|---|

Approval:	Acceptance:
By: _____	By: _____
Date: _____	Date: _____

Please visit our website:
aabbottferraro.com
to see a list of appliances we service

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