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Residential Air Conditioning & Heating Tune up Program

Name: _____
Email: _____
Address: _____
Gated Community Name: _____
City, State, Zip: _____
Phone: _____

Your air conditioning and heating system is very much like your automobile. Failure to keep it tuned and maintained could result in high repair and utility costs. Anaya's Air Conditioning and Heating has been offering Coachella Valley residences this state of the art program since 1980.

This service is performed twice a year and entitles you to many benefits including priority services and a **10 percent discount on repairs**. Anaya's is one of the Valley's finest service companies serving you 7 days a week.

Parts/repairs are not included and prices are subject to change; Discounts apply only if program is prepaid with 2 visits per year (tune ups are not performed at discounted rate June thru August.)

Spring and Fall Tune up Includes

Discounts parts/labor *Receive priority service *Adds life to equipment *Helps reduce energy and costly repairs

- Clean/Replace standard filter -Oil condenser motor -Check AC controls -Check heat controls (*winter only*)
- Check condenser coil -Oil blower motor -Calibrate thermostat -Check heat exchanger (*winter only*)
- Check refrigerant pressures -Check motor amps -Check pressure controls -Check pilot burner (*winter only*)
- Turn on/off pilot for season -Check belts -Check reversing valve -Check flue (*winter only*)
- Check for oil leaks -Check temperatures -Check blower wheel -Check burners (*winter only*)
- Check condenser air flow -Check components -Check compressor amp -Check gas valve (*winter only*)

\$ _____ **Spring AC Tune up** (includes throw away filter) Total AC/Heating units to be serviced _____
 \$ _____ **Fall heating Tune up** (includes throw away filter) Total AC/Heating units to be serviced _____
 \$ _____ **Evaporative Coolers spring tune up** (Pads extra) Total Coolers to be serviced _____
 \$ _____ **Evaporative Coolers fall tune up** (Winterize) Total Coolers to be serviced _____
 \$ _____ **Total Cost per year**

Payment Info

Amount Paid \$ _____ Date Paid _____ Payment type and # _____

Signature: _____ Date: _____

Office Use Only – Return Top Copy 081011z drive, forms (2 part)

Tech Name / Number: _____ Date Entry by _____ Contract # _____

Filter Sizes: _____

Special Instructions: _____