



**Masciantonio<sup>LLC</sup>**  
**HEATING & AIR CONDITIONING**  
*Our Family Serving Yours For Over 80 Years!*

**MAILING ADDRESS:**  
 P.O. Box 381  
 CONSHOHOCKEN, PA 19428-0381  
 CONSHOHOCKEN (610) 828-5159  
 COLLEGEVILLE (610) 584-0200

## MAINTENANCE AND SERVICE AGREEMENT FORM

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

### ENROLL ME IN THE FOLLOWING PLAN(S):

Enter Number of Plans Required	<b>IMPORTANT</b> - Coverage is for one unit only. For households with <i>multiple</i> units, <b>a separate plan is required</b> for each heating or air conditioning unit.
__ x	<input type="checkbox"/> <b>PREMIUM HOUSE HEATER AND PRESEASON CHECK-UP PLAN \$239.00</b> ..... \$ (natural gas, electric and propane) *\$50.00 deductible per repair incident
__ x	<input type="checkbox"/> <b>HOUSE HEATER PRESEASON CHECK-UP PLAN \$99.00</b> (natural gas, electric and propane) ..... \$
__ x	<input type="checkbox"/> <b>WATER HEATER REPAIR PLAN \$68.00</b> (natural gas, propane, electric) ..... \$ (Offered only with the purchase of a Premium House Heater Plan) *\$50.00 deductible per repair incident
__ x	<input type="checkbox"/> <b>PREMIUM AIR CONDITIONING/HEAT PUMP AND PRESEASON CHECK-UP PLAN \$239.00</b> *\$50.00 deductible per repair incident ..... \$
__ x	<input type="checkbox"/> <b>CENTRAL AIR CONDITIONING/HEAT PUMP PRESEASON CHECK-UP PLAN \$99.00</b> ..... \$
<b>Total enclosed or charged to credit card</b> ..... \$	

**30-day waiting period applies before coverage takes effect for new enrollees.**  
 Equipment must be in good working order at time of enrollment. Please return entire form with your payment!  
**NOTE: These prices are subject to change without prior notification.**

### METHOD OF PAYMENT

I have read and agree to the Terms and Conditions for the Masciantonio Heating and Air Conditioning<sup>LLC</sup> Maintenance and Service Agreement Plan(s) I am purchasing.

Check enclosed - make payable to *Masciantonio Heating & Air Conditioning<sup>LLC</sup>*.

Bill my credit card:       MasterCard       VISA       Discover

**Credit card subject to 4% processing fee.**

Card Number:             Expires   /   CVV #

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_