

YES, Enroll me today

Please return this completed form to your company representative or email to: info@yourairsolution.com

Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Phone: _____
 Preferred method of contact: _____
 Email: _____

CREDIT CARD: Please bill my credit card for the initial payment of \$ ____ Monthly payments of \$ ____ will recur every 30 days thereafter.

Amex Visa Mastercard Discover

Credit Card # _____

Exp. Date: _____ Security Code: _____

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Check Account # _____

Signature: _____

Your signature gives us authorization to charge your credit card or deduct payments electronically. Your privacy is important to us. We will not share or sell any personal information collected from our customers.

Return via e-mail to: info@yourairsolution.com

Or mail: AIR SOLUTIONS - 215 East State Rd.,
 Unit D, Island Lake, IL. 60042



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Item	Qty.	Price/Mo
Furnace (residential)	_____	... \$9.99
Air Conditioner (residential)	_____	... \$9.99
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Rooftop Furnace or A/C	_____	... \$12.99
(up to 24 ft. & 1 ladder)		

Add on Accessories

Water Heater (w/thermocouple)* _____	... \$3.99
Air Cleaner Media with filter \$5.99
Electronic Air Cleaner \$2.99
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Additional equipment / products

Your technician today was

YOUR TOTAL SAVINGS TODAY

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YOUR CUSTOM PLAN WOULD BE

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Today's Date



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- Check Flue Venting
- Check Operating & Safety Controls
- Check Heat Exchanger
- Check Electrical Connections

AC INSPECTION LIST 21 POINTS



- Check Refrigerant Levels
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- Check Electrical Connections
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