



7412 Sunset Ln.
Crestwood, Ky. 40014
502-650-1170

Date _____ Phone Number _____
Name _____
Address _____

Peak Performance Club Membership Form

	Sapphire	Emerald	Diamond
Two Annual Cleanings Per Year	x	x	x
10% Discount on Repairs	x		
1 Year Warranty On Repairs	x		
Half Price on Service Call	x		
20% Discount on Repairs		x	
Priority Serve within 24 hours		x	x
Up to 2 Free Service Calls Per Year		x	x
2 Year Warranty on Repairs		x	x
\$250 Off A New System		x	x
30% Discount On Repairs			x
First system per month	\$14.99	\$22.99	\$31.99
Additional systems per month	\$12.99	\$20.99	\$28.99

First System _____
Additional Systems _____
Total monthly charges _____

Filter Size _____
Humidifier Pad _____

Additional Notes about the System:

I (we) authorize Climax Heating and Cooling, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account, _____ Savings Account, _____ Credit Card (check one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US Law.

This authorization is to remain in full force and effect for 12 months upon such time it will remain in force until COMPANY has received written notification from me (us) of its termination in such time and manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depository Name _____

Address City, State, Zip _____

Customer Name _____

Customer Phone _____

Routing _____

Account Number _____

Company Signature _____

Customer Signature _____

Monthly The amount of _____ will be debited out of this account on the 15th of every month.

Type of Credit Card _____ Card # _____ Expiration _____

All Written Credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.