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OH LIC #18265

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PROVIDING MAINTENANCE FOR:	HOME PHONE:	DATE OF PROPOSAL:
ADDRESS:	WORK PHONE:	EMAIL:
CITY, ZIP:	CELL PHONE:	PARTNERSHIP PLAN #:

Partnership Plus Plan Annual Membership Options

Silver: 1-Year Membership

Includes the exceptional benefits package that can be found in your Partnership Plus Plan Guide & 1-year parts & labor on all repairs.

Annual Investment: \$50

Initial Here for Plan Choice: _____

Gold: 2-Year Membership

Includes the same benefits of the Silver Plan & 2-year parts & labor on all repairs. Plus, your \$85 membership fee can be applied towards any new equipment or air treatment purchase.

Annual Investment: \$85

Initial Here for Plan Choice: _____

Platinum: 3-Year Membership

Includes the exceptional benefits package that can be found in your Partnership Plus Plan Guide & 2-year parts & labor on all repairs. Plus, your \$120 membership fee can be applied towards any new equipment or air treatment purchase.

Annual Investment: \$120

Initial Here for Plan Choice: _____

Partnership Plus Plan Projected Annual Services

Pro-Max Partnership Services	Qty.	Non Member	Plan Member	Plan Savings
Gas Forced Air Furnace				
Gas Hot Water & Steam Boiler				
Oil Forced Air Furnace				
Oil Boiler				
Oil Hot Water Heater (w/ furnace maint.)				
Electric Air Conditioning				
Ductless Mini Split with One Head				
*Each Additional Head				
Heat Pump (Cooling Season)				
Heat Pump (Heating Season)				
*Hybrid Heat & Cool Pump				
*Auxiliary Thru-The-Wall Heater				
Geothermal System				
Whole-House Plumbing Inspection				
*Humidifiers & Air Cleaners				
Total Projected Investment:				

Filters not included in tune-up pricing. *Must be completed with primary tune-up.

Payment to be made as follows: _____ Dollars \$ _____

C.O.D.
 CHECK
 VISA
 MASTERCARD
 AMERICAN EXPRESS
 DISCOVER

CREDIT CARD # _____ SECURITY CODE: _____ EXPIRATION DATE: ____ / ____ / ____

Acceptance of Proposal - The above prices, specifications, and conditions are satisfactory and are hereby accepted. Smylie One is authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance _____

Signature _____

Signature _____