Your Company Name • Address • City, ST & Zip • Phone Number(s)

NO. 000000

SERVICE LIST

OIL HEATING

- ☐ Adjusted ignition
- ☐ Checked Controls
- ☐ Checked Draft & Adjust
- ☐ Checked Operation
- ☐ Checked Pressure
- ☐ Efficiency Test
- ☐ Oiled Blower
- ☐ Oiled Circulator
- ☐ Oiled Motors
- ☐ Repaired Oil Leaks
- ☐ Replaced Blower Motor
- ☐ Replaced Burner Motor
- ☐ Replaced Circulator Coupling
- ☐ Replaced Circulator Motor
- ☐ Replaced Circulator Motor Mounts
- ☐ Replaced Fuel Pump
- ☐ Replaced Nozzle
- ☐ Replaced Oil Filter
- ☐ Replaced Strainer
- ☐ Replaced Transformer

THERMOSTAT

- ☐ Relocated
- ☐ Replaced

AIR FILTERS

- ☐ Cleaned
- ☐ Replaced

GAS HEATING

- ☐ Adjusted Flame
- ☐ Checked Blower Operation
- ☐ Checked Burner & Heat Exchanger
- ☐ Checked Controls
- ☐ Checked Flue
- ☐ Checked Manifold Fuel Pressure
- ☐ Checked Pilot Assembly
- ☐ Tested Strip Heat

TUNE-UP

- ☐ Checked Autofeed (Steam)
- ☐ Checked Blast Tube/Endcone
- ☐ Checked Low Water Cutoff
- ☐ Checked Switch/Circuit Breaker
- ☐ Checked System Pressure
- ☐ Checked Transformer/Igniter
- ☐ Checked Thermostat
- ☐ Explained Recommendations
- ☐ Inspected Blower Assembly
- ☐ Inspected Expansion Tank
- ☐ Labels On Equipment
- ☐ Serviced Card Updated
- ☐ Survey Handed Out
- ☐ Tanksure Test
- ☐ Wiped Down Equipment

Thank You!
We Appreciate Your Business!

SERVICE INVOICE

DATE	PROBLEM REPORTED

NAME | ACCT NO.

STREET | PHONE

CITY | STATE | ZIP

MAKE | MODEL | SERIAL NO.

☐ RES. ☐ COMM.
☐ WARRANTY
☐ SERVICE POLICY
☐ NO CONTRACT
☐ INSTALLATION

QTY	REPAIR #	REPAIR DESCRIPTION ☐ REG. HOURS ☐ AFTER HOURS	REPAIR FEE	AGMT. SAVINGS

CROWNMAX SAMPLE

OUR TRAINED PERSONNEL RECOMMENDS:

SMOKE #	CO_2 %	TEMP °	DRAFT	EFF %	MANIFOLD PRES.	NOX %	O^2 %

TIME ARRIVED	TIME COMPLETED	COMPLETION DATE	☐ JOB COMPLETE	☐ MUST RETURN

TECHNICIAN'S SIGNATURE | TECHNICIAN #

☐ SAFETY HAZARD IDENTIFIED: I understand that my heating/cooling system has _____ and continued operation of the system could result in property or personal injury. If I elect to disregard this notice and run the heating/cooling system, I will do so at my own risk and will assume responsibility for any and all resulting problems.

CUSTOMER'S SIGNATURE **X**

WARRANTY: All materials, parts and equipment are warranted by the manufactures' or suppliers' written warranty only. All labor performed by the above named company is warranted for 365 days or as otherwise indicated in writing. The above named company makes no other warranties, expressed or implied and its agents or technicians are not authorized to make any such warranties on behalf of the above named company.

TERMS: Payment due upon completion - on balances of 30 days or more, we will compute a finance charge at the rate (APR) of 1.5% per month (equivalent to an annual percentage rate of 18%). If amounts are not paid as agreed, we may demand immediate payment of the full balance, including any finance charges due. We may charge a service fee for any returned payment. If we decide to pursue legal action, you will be liable for reasonable attorney's fees, court costs and collection fees, plus post judgement interest as provided by the rules of the court.

DIAGNOSTIC FEE AND TRAVEL CHARGE ☐ REG. ☐ AFTER HRS.	
REPAIR FEE	
SUB-TOTAL	
SALES TAX	
PAY THIS AMOUNT ▶ ▶ ▶	

PLEASE PAY FROM THIS INVOICE

CUSTOMER'S SIGNATURE **X**

THE ABOVE WORK HAS BEEN COMPLETED TO MY SATISFACTION AND I ACKNOWLEDGE RECEIPT OF MY COPY.

AMOUNT PAID $ ☐ CASH ☐ CHECK ☐ CREDIT CARD RECEIVED BY