

Your Company Name

Address
City, State Zip
Phone Number

TUNE-UP INVOICE

DATE	/	/	WARRANTY DATE	/	/
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LOCATION/ NAME		
STREET		PHONE
CITY	STATE	ZIP
BILL TO/ NAME		
STREET		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> SERVICE AGREEMENT TYPE _____ <input type="checkbox"/> C.O.D. <input type="checkbox"/> CHARGE		
CONDENSER	MODEL	SERIAL NO.
FURNACE OR AIR HANDLER	MODEL	SERIAL NO.
	MODEL	SERIAL NO.
	MODEL	SERIAL NO.

FURNACE/AIR HANDLER STATUS/CORRECTION

Evaporator Coil	
Condensate Drain /Pan	
Fan Motor	NAME PLATE AMPS ACT. AMPS
Heat Strip	KW V AMPS
Indoor Cabinet	
Heat Exchanger	
Gas Connections	
Flue Damper	
Burner Operation	
Thermostat	

CONDENSER STATUS/CORRECTION

Condenser Coil	
Compressor	NAME PLATE AMPS ACT. AMPS
Condenser Fan Motor	NAME PLATE AMPS ACT. AMPS
Contactoer	
Defrost Timer	
Reversing Valve	
	SUCTION PRES. HEAD PRES. SUPER HEAT
System Charge	
O.D. Cabinet	

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

COST	QTY.	SERVICE PARTS	PRICE

FILTERS	X	X
FILTERS	X	X
BELTS		
BELTS		

TOTAL PARTS \$

SERVICE TECHNICIAN NUMBER THANK YOU FOR YOUR BUSINESS	FLAT RATE PRICE		
	ENVIRONMENTAL CHARGE		
	TOTAL SERVICE LABOR		
	TOTAL SERVICE PARTS		
	SALES TAX		
	TOTAL INVOICE \$		

Comments: _____
