

Your Company Name
 Address
 City, State Zip
 Phone

TUNE-UP INVOICE

DATE	/	/	WARRANTY DATE	/	/
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COST	QTY.	SERVICE PARTS	PRICE
		TOTAL PARTS \$	

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

CONDENSER STATUS/CORRECTION			
Condenser Coil			
Compressor	NAME PLATE AMPS	ACT. AMPS	
Condenser Fan Motor	NAME PLATE AMPS	ACT. AMPS	
Contactora			
Defrost Timer			
Reversing Vale			
O.D. Stat	Setting	°F	
O.D. Ambient	Temp.	°F	
System Charge	SUCTION PRES.	HEAD PRES.	SUPER HEAT
O.D. Cabinet			

FURNACE/AIR HANDLER STATUS/CORRECTION			
Evaporator Coil			
Condensate Drain /Pan			
Fan Motor	NAME PLATE AMPS	ACT. AMPS	
Heat Strip	KW	AMPS	V
Indoor Cabinet			
Heat Exchanger			
Gas Connections			
Flue Damper			
Burner Operation			
Filters			
Thermostat			
I.D. T.D. Cool	ENT. TEMP.	°F	LEAV. TEMP. °F
I.D. T.D. Heat	ENT. TEMP.	°F	LEAV. TEMP. °F

Comments: _____

TIME ARRIVED _____ : _____ AM PM TIME DEPARTED _____ : _____ AM PM

SERVICE TECHNICIAN NUMBER	TOTAL SERVICE PARTS		
	TOTAL SERVICE LABOR		
THANK YOU FOR YOUR BUSINESS	SALES TAX		
	TOTAL INVOICE \$		

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 be half of above named company.