

SERVICE ORDER INVOICE

3452

HVAC

DEAN'S A/C & HEATING LLC
 FL LIC. # CAC1815771
 3450 Glossy Ibis Ct.
 Palm Harbor, FL 34683
 (727) 458-9067

METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. NO. _____ <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX EXP. DATE _____ CC NO. _____		UNIT MAKE: <u>TEP</u> MODEL: _____ MODEL: <u>21/2</u> SERIAL NUMBER: _____ SERIAL NUMBER: <u>1993</u>		UNIT MAKE: _____ MODEL: _____ MODEL: _____ SERIAL NUMBER: _____ SERIAL NUMBER: _____		CHECK LIST <input type="checkbox"/> COMPRESSOR PSI _____ <input type="checkbox"/> SUCTION PSI _____ <input type="checkbox"/> HEAD PSI _____ <input type="checkbox"/> VOLTS AMPS _____ <input type="checkbox"/> ELECTRICAL CONNECTIONS <input type="checkbox"/> CONTACTS TIGHT & CLEAN <input type="checkbox"/> OIL LEVEL & CONDITION <input type="checkbox"/> CONDENSER COIL <input type="checkbox"/> CLEAN COIL & CHECK FIN COND. <input type="checkbox"/> ENT. °F LVG. °F <input type="checkbox"/> REFRIGERANT <input type="checkbox"/> LEAK <input type="checkbox"/> CHARGE <input type="checkbox"/> FAN AND MOTOR <input type="checkbox"/> VOLTS AMPS _____ <input type="checkbox"/> ELECTRICAL CONNECTIONS <input type="checkbox"/> CONTACTS TIGHT & CLEAN <input type="checkbox"/> FAN PULLEYS (ADJUST BELT) <input type="checkbox"/> CHK. LUB BEARINGS & MOTOR <input type="checkbox"/> EVAPORATOR COIL <input type="checkbox"/> CLEAN COIL & CHECK FIN <input type="checkbox"/> ENT. DB °F LVG. DB °F <input type="checkbox"/> ENT. WB °F LVG. WB °F <input type="checkbox"/> CONDENSATE AREAS <input type="checkbox"/> INSPECT & CLEAN DRAIN PAN <input type="checkbox"/> AIR FILTERS <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> FILTER SIZE _____ <input type="checkbox"/> HEATING ASSEMBLY <input type="checkbox"/> BURNER & HEAT EXCHANGER <input type="checkbox"/> FUEL SUPPLY & PRESSURE <input type="checkbox"/> PILOT ASSEMBLY <input type="checkbox"/> FLAME ADJUSTMENT <input type="checkbox"/> PRIMARY RELAY & FLUE <input type="checkbox"/> FAN & LIMIT SWITCH OPER. <input type="checkbox"/> BLOWER ASSEMBLY <input type="checkbox"/> RY VALVE <input type="checkbox"/> STRIP HEAT <input type="checkbox"/> DEFROST CYCLE <input type="checkbox"/> ELECTRICAL COMPTS. <input type="checkbox"/> RELAYS <input type="checkbox"/> CONTACTORS <input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS. SWITCH <input type="checkbox"/> THERMOSTAT <input type="checkbox"/> O.K. <input type="checkbox"/> REPLACE <input type="checkbox"/> RELOCATE	
ENVIRONMENTAL CHECKLIST CONDENSING UNIT QTY TYPE/DISPOSITION <input type="checkbox"/> RECOVERED <input type="checkbox"/> RECYCLED <input type="checkbox"/> RECLAIMED <input type="checkbox"/> RETURNED <input type="checkbox"/> DISPOSAL <input type="checkbox"/> DISMANTLED <input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$ MATERIALS & SERVICES UNIT PRICE AMOUNT REFRIGERANT R- LBS. X X FILTERS X X 1 30x440 CAP \$28.00 \$28.00 1 5x440 CAP \$12.00 \$12.00 TOTAL MATERIALS 40.00		TOTAL SUMMARY TOTAL MATERIALS \$40.00 TOTAL LABOR \$85.00 TRAVEL CHARGE TAX TOTAL \$125.00			
NAME: <u>RAY BROOKS</u> STREET: <u>255 LOTUS</u> CITY: <u>CLEARWATER FL</u> PHONE (HOME): _____ PHONE (WORK): _____ TECHNICIAN: <u>DEAN</u> WORK TO BE PERFORMED: _____		DATE: <u>7-28-14</u> PROMISED: _____ SCHED. TIME: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturer's or supplier's written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. 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.			
TERMS: <u>PAID CASH</u>		HRS: <u>1</u> LABOR: <u>DEAN</u> RATE: <u>\$85</u> AMOUNT: <u>\$85</u> TOTAL LABOR: <u>\$85</u>		<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT			
RECOMMENDATIONS: _____		DESCRIPTION OF WORK: <u>REPLACED COMPRESSOR & FAN CAPACITOR W/NEW START & TEST FRIEON GOOD.</u>		CUSTOMER SIGNATURE: _____ DATE: _____			
I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense and/or impose a 2% charge on the amount of the contract price. Seller's responsibility for the removal of said equipment/materials from said removal shall not be the responsibility of Seller.		Thank You					