



Boucher Energy Systems, Inc. SmartPay Plan

SmartPay Maintenance Agreement Enrollment Form

Name: _____
 Address: _____
 City, State & Zip: _____
 Telephone: _____
 Email: _____

Enrollment subject to approval. Equipment must be in good working condition.

<u>System</u>	<u>Regular Price</u>	<u>SmartPay Price</u>
<input type="checkbox"/> Heat Pump – 1 unit (2 visits)	\$ 125	\$ 120
<input type="checkbox"/> Heat Pump – 2 units(2 visits)	\$ 225	\$ 215
<input type="checkbox"/> Heat Pump - 2 units(1 visit)	\$ 125	\$ 120
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

SmartPay Maintenance Agreement Plan Benefits

- Preventative maintenance included
 - 24/7 Emergency Service
 - Receive filters at \$5.00 off the regular price
- Payment by Check: Receive these benefits for one year from date of agreement. If payment is not made when billed the next year, the agreement will expire, and you will be removed from the plan.

Signature _____ Date of Agreement _____

**Sign up for a recurring annual payment and become a Preferred customer.
Preferred customers receive a 20% discount off parts and labor on repairs!**

- Recurring Annual Payment: Automatic renewal ensures no disruption in emergency service and 20% off repairs.

Authorization & Acknowledgement for Auto Renewal

___ Visa ___ MasterCard ___ Discover ___ Amex
 Account # _____
 Expiration Date: _____ Authorization Code _____
 Name (as it appears on card) _____

I authorize Boucher Energy Systems, Inc. to charge my debit or credit card listed above. I understand that this charge will be a recurring annual payment that will be charged to my debit or credit card. If I wish to cancel this agreement, I acknowledge that I must notify Boucher Energy Systems, Inc. Declined payments may result in plan termination. I understand and agree that the amount charged to my account is subject to change should I add or remove services and/or equipment provided under this plan. Boucher Energy Systems, Inc. reserves the right to cancel your plan at any time for non-payment.

Signature _____ Date of Agreement _____