



28140 Hwy 281 Suite 14
 San Antonio, Texas 78260
 Office: 210-826-6474
 Email: aaissprinklers@gmail.com
www.sanantonioprinklers.com
 TCEQ. License 17058

CUSTOMERS INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

YOUR SEASONAL 1-YEAR PREVENTIVE MAINTENANCE PROGRAM includes:

PLATINUM \$295.00	GOLD \$225.00	SILVER \$150.00	Additional Info
<p>As low as \$24.58 Month</p> <p>SPRING START UP 2 SUMMER INSPECTIONS FALL & WINTER CHECKUP</p> <p>Additional Benefits</p> <p>20% Discount on all parts & Labor 1 Free Sprinkler Head and Nozzle Priority Scheduling</p>	<p>As low as \$18.75 Month</p> <p>SPRING START UP SUMMER INSPECTION FALL & WINTER CHECKUP</p> <p>Additional Benefits</p> <p>15% Discounts on all parts & Labor 1 Free Sprinkler Head & Nozzle</p>	<p>As low as \$12.50 Month</p> <p>SPRING START UP FALL & WINTER CHECKUP</p> <p>Additional Benefits</p> <p>10% Discounts on all parts & Labor</p>	<p>Systems must be in acceptable, functioning order. Systems in need of major upgrades or repairs are not eligible for maintenance packages.</p> <p>\$10 per zone after six zones.</p> 

TERMS AND CONDITIONS

- AAIS must perform all Turn-on System Checks and Winter winterizations for the duration of the program.
- 1st payment is due upon receipt of program agreement. MasterCard, Visa or Discover Card are acceptable. **ANY AND ALL PAYMENTS ARE NON-REFUNDABLE**
- All replacement parts must be supplied by AAIS.
- If yearly program benefit is not used during the specified time frame the benefit is forfeited for that season.
- Contract price is for systems with 6 zones or less. Additional charges apply in all systems 7 zones or more.
- This is a seasonal contract for one year from the date of purchase.

Pricing Details

Program Cost (Up to 6 zones)	
# of zones / stations	
# of zones over 6 x \$10.00	
Additional Charges if Applicable	
Total Cost of Program	

WHAT'S NOT INCLUDED?

Any materials required to complete any repairs to the irrigation system.

Cost related to service labor required beyond the scope of work identified within the turn-on, system check and winterization. Cost related to system diagnostics and trouble shooting.

Payment Details

Name as it appears on card _____ Billing Address _____
 City _____ State _____ Zip _____
 Credit/Debit Card # _____ Exp. Date _____ CRV Code _____

Cash Amt. Paid \$ _____ Check# _____ Amount Paid \$ _____ Tech ID _____

Automatic Credit Card Debiting Authorization

I authorize AAIS to automatically debit the monthly payment for the above from my credit/debit card as shown above. As of this date, the total amount to be charged monthly is \$ _____ for 12 months. This authorization will remain in effect until we receive \$ _____ to Complete payment in full for service program or otherwise. If an automatic debit/credit is refused for any reason, including but not limited to, over the credit limit charges, closed account, unauthorized account, or incorrect expiration dates, we will not be able to proceed with payment. In this event late charges will be applied and charged. I agree that it is my obligation to notify AAIS in writing of any changes of billing address, phone number associated with this Credit/Debit Card along with any changes to the Credit/Debit card number and/or expiration date. Program auto renews if not notified 30 days prior to end of contract date.

Credit Card Signature: _____ Date: _____

Contract Signature: _____ Date: _____