TUNE-UP INVOICE

Your Company Name
Address
City, State Zip
Phone Number

DATE	/ /	WARRANTY DATE	/ /

LOCATION / NAME		
STREET		PHONE
CITY	STATE	ZIP
BILL TO / NAME		
STREET		PHONE
CITY	STATE	ZIP

☐ SERVICE AGREEMENT TYPE _____ ☐ C.O.D. ☐ 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
Contactor			
Defrost Timer			
Reversing Valve			
System Charge	SUCTION PRES.	HEAD PRES.	SUPER HEAT
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 be half of above named company.

COST	QTY.	SERVICE PARTS	PRICE

FILTERS	X	X
FILTERS	X	X
BELTS		
BELTS		

TOTAL PARTS $

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

Comments: _____

CROWNMAX SAMPLE