



Putting our customers first every time.

BATTAVIO PLUMBING / HEATING / COOLING

640 Snyder Ave., Suite M Ph.: 610-692-7960

West Chester, PA 19382 Fax: 610-436-5591

www.battavio.com

**PROPERTY OWNER:**

**EQUIPMENT TYPE:**

Customer Name: \_\_\_\_\_

Location of Equipment (if different than customer): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone: (day): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Agreement Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Monthly Agreement

**\$30 Month/Unit**

2 scheduled inspections  
per year

Commercial Monthly Agreement

**\$40 Month/Unit**

3 scheduled inspections  
per year

**OVERTIME – After hours service shall be billed at a reduced flat rate of \$ 125.00 to diagnose problem.**

**MONTHLY AGREEMENT:**

**Parts and Labor Coverage**

**RESIDENTIAL:**

**\$30 / Month / Unit -- 2 Scheduled Inspections / Year**

**COMMERCIAL:**

**\$40 / Month / Unit -- 3 Scheduled Inspections / Year**

**NUMBER OF UNITS** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE CALL TO SCHEDULE YOUR INSPECTIONS**

**AUTHORIZATION**

Select One  DEBIT CARD  CREDIT CARD  Discover  MasterCard  Visa  CHECK

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Customer Approval: \_\_\_\_\_ Date: \_\_\_\_\_