



## **Cotti Care Plan: Bi-Annual Maintenance Membership**

\$39.00 Per Month - A/C and Heating

- **15%** Discount on all HVAC and Electrical services
- Priority Booking Guarantee & 24/7 Emergency Service
- Exclusive Member Coupons
- Free Electrical Safety Check with licensed Electrician
- 25% of Cotti Care Plan annual cost will be credited towards a piece of replacement equipment
- **2 Preventative Maintenance appointments per year:**
  - (1) for Heating system
  - (1) for Cooling system

+\$10 per each additional system/fireplace

## **Cotti Care Plan: Annual Maintenance Membership**

\$29.00 Per Month - A/C or Heating

- **15%** Discount on all HVAC and Electrical services
- Priority Booking Guarantee & 24/7 Emergency Service
- Exclusive Member Coupons
- Free Electrical Safety Check with licensed Electrician
- 25% of Cotti Care Plan annual cost will be credited towards a piece of replacement equipment
- **1 Preventative Maintenance appointment per year** (for Heating or Cooling system)

+\$10 per each additional system/fireplace

*Mini Splits: Each plan covers up to 3 heads. Each additional head is +\$5/month.*



## PROGRAM BENEFITS (ALL SERVICES)

### **Priority Service.**

As a Cotti Cares Member, you are our priority! You can jump to the head of the line when you call! Your job will be scheduled ahead of others. This applies to routine and emergency calls!

### **15% Discount.**

You will receive a 15% discount off the bottom line for our heating, cooling, and electrical services for as long as our Service Partner relationship remains effective.

### **A Trusted Professional on Your Home Service Team.**

Your technician is not only trained to care for your equipment, he's trained to care for you and your home. You'll take comfort in knowing our technicians are drug-tested and background checked. First rate providers are all we'll allow into your home.

### **100% Satisfaction Guarantee.**

We promise your complete satisfaction -- GUARANTEED! If you are not fully satisfied, let us know, and we'll make it right or you don't pay!

### **Transferable.**

Your Cotti Cares Member agreement can either be transferred to your new home, or to the buyer of the home you are selling. Your choice!

### **Heating & Cooling Benefits.**

Yearly maintenance is recommended by manufacturers and utility companies alike. Regularly scheduled service can reduce breakdowns by as much as 95% and lower utility bills by 30%! It's also required to keep your system under warranty!

### **Relax, We'll Call You!**

As a Cotti Cares Member, we make your equipment our top priority. We'll call you to schedule your maintenance, so you don't have to worry about it.

## ELECTRICAL SERVICE BENEFITS

### **Home Safety Check-Up.**

We will conduct a thorough inspection of the most important electrical equipment in your home to make sure you and your family are safe from the dangers of electrical fire, damage or shock. Performing this valuable inspection now reduces the potential for disastrous failures in the future.

### **Cotti Cares Home Safety Promise.**

Our commitment to your family's safety is so passionate that we promise to annually return to your home and inspect your home and test your life safety equipment. If any smoke detector, carbon monoxide detector, or ground-fault-interrupter receptacle we installed fails—it will be replaced for FREE!

\*Incentives subject to change

\*\*Membership is ongoing.

\*\*\*Minimum one year membership required. Early cancellation fee will apply.



**Billing Information**

Customer Information Name (Cardholder) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Total Monthly Charge: \_\_\_\_\_

**Cotti Cares Payment Options:**

Please automatically debit my credit/debit card:

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ American Express

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please automatically debit my checking account. I hereby authorize the company (see above) to debit \$\_\_\_\_\_ from my checking account every month, beginning after my application is approved. (Note: Please enclose a voided check with this application when requesting this payment option). I understand that the monthly fee will continue until a written notice of termination is received at the address above (Please allow up to two weeks for termination processing).

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_

\*Membership is ongoing.

\*\*Minimum one year membership required. Early cancellation fee will apply.