



## **Preventive Maintenance Program (PMP) Rate & Payment**

Check the box and fill in the term for the program you choose.

**(Residential)** Monthly Charge: \$37.50      Term \_\_\_\_\_

**(Commercial)** Monthly Charge: \$67.50      Term \_\_\_\_\_

*Details of program and membership on attached agreement.*

I accept the terms and rates of the PMP that I have selected above

Sign name \_\_\_\_\_

Print name \_\_\_\_\_

Today's Date \_\_\_\_\_



**Type of payment:** (please print clearly)

Credit card Type: \_\_\_\_\_

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

Exp Date of card \_\_\_\_\_ Security number on back of card \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_

**X** \_\_\_\_\_

**Signature** for approval of monthly charging of above credit card

