



CLEAR SKIES

HEATING AND AIR CONDITIONING

4736-76 Ave
EDMONTON AB, T6B 0A5

OFFICE: (780)461-4411
FAX: (780)461-4477
www.clearskiesheating.ca

" CLEAR SKIES" RESIDENTIAL SERVICE MEMBERSHIP APPLICATION

DESCRIPTION	MONTHLY INVESTMENT	COST PER DAY	QTY	TOTAL MONTHLY INVESTMENT
FURNACE #1	\$17.99	\$.060 (cents per day)		\$
FURNACE #2	\$10.99	\$0.37 (cents per day)		\$

NOTE: THE FOLLOWING SCHEDULES ARE ADD ONS TO THE FURNACE SCHEDULE AND CANNOT BE ADDED AS STAND ALONE SCHEDULES

- HUMIDIFIER	\$4.99	\$0.17 (cents per day)		\$
- ELECTRONIC AIR CLEANER	\$4.99	\$0.17 (cents per day)		\$
- HRV UNIT	\$5.99	\$0.20 (cents per day)		\$
- UNIT HEATER	\$6.99	\$0.23 (cents per day)		\$
AIR CONDITIONING #1	\$17.99	\$0.60 (cents per day)		\$
AIR CONDITIONING #2	\$10.99	\$0.37 (cents per day)		\$

TOTAL (BEFORE GST) \$

GST \$

TOTAL MONTHLY INVESTMENT \$

OR

12 MONTHS X \$ _____ (TOTAL MONTHLY INVESTMENT) = \$ _____ (TOTAL PRE-PAY OPTION)

24 MONTHS X \$ _____ (TOTAL MONTHLY INVESTMENT) = \$ _____ (TOTAL PRE-PAY OPTION)

BILLING ADDRESS

NAME (CARDHOLDER): _____ DATE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (HOME): _____ MOBILE#: _____

SITE LOCATION: _____

(IF DIFFERENT FROM THE ABOVE ADDRESS)

AUTOMATED CREDIT CARD DEBIT. I UNDERSTAND THAT THE MONTHLY / YEARLY FEE WILL CONTINUE UNTIL A WRITTEN NOTICE OF TERMINATION IS RECEIVED AT THE CORPORATE OFFICE. ALLOW UP TO 30 DAYS FOR TERMINATING PROCESS. METHOD OF PAYMENT (PLEASE COMPLETE & SIGN): **VISA** **MASTERCARD** CARD# _____ / _____ / _____ / _____
EXPIRATION DATE: ____ / ____

AUTOMATIC CHECKING ACCOUNT TRANSFER. I HEREBY AUTHORIZE CLEAR SKIES HEATING AND AIR CONDITIONING LTD. TO DEBIT THE MONTHLY INVESTMENT OF \$ _____ FROM MY BANK ACCOUNT # _____ EACH MONTH TO BEGIN ONE MONTH AFTER APPLICATION IS APPROVED. **I HAVE ENCLOSED A VOID CHEQUE AS REQUIRED TO INITIATE THE DEBIT PROGRAM WITH MY BANK.**

ACCEPTANCE ON BEHALF OF CLEAR SKIES HEATING & AIRCONDITIONING LTD: ACCEPTANCE ON BEHALF OF MEMBERSHIP OWNER:

NAME (PRINT): _____

NAME (PRINT): _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____