



Norstar Heating & Cooling Inc.
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Norstar Heating & Cooling Inc. www.norstarheatingandcooling.com

PROTECTION PLUS SERVICE PROGRAM ENROLLMENT FORM.

Customer Information

Name : _____
 Address : _____
 City : _____ State: ___ Zip: _____
 Phone : _____
 E-mail : _____

Equipment information

Brand: _____ Installed: _____
 Model: _____ Serial#: _____
 Brand: _____ Installed: _____
 Model: _____ Serial#: _____
 Filter Size: ___ x ___ x ___

Zone 3	003153
Discount on parts, labor and emergency services	15%
Overtime labor (emergency services not included)	No
Preferred scheduling *	Yes
Two year labor warranty **	Yes
Filter change out included ***	Yes
Annual scheduled visit for an electric furnace/boiler/minisplit	\$129
Bi-annual scheduled visits each unit****	\$249
Other appliances per visit; Fireplace, Waterheaters, Unit Heater, HP or AC	\$39
Other appliances per visit; Humidifier, EAC	\$19
Prepaid (Automatically renews in February of each year)*****	Yearly

* This is based on cancellation of existing appointments available timeslots will then be used to service preferred customers with prepaid service plans
 ** Labor warranty is based on workmanship warranty of work performed, replacement of the failed part is not included in this warranty unless covered by manufacturer and will be in force as long as the agreement is in place. Warranty repairs will be taken care of during regular work hours (8:00 am – 04:30pm)
 *** Change out is based on a standard 1” filter. Honeywell filters, electronic filters, 2” and 4” etc are not included (however a discount will be applied).
 **** Bi-annual visit is for a second visit in the same year to maintain an AC or HP in the spring together with a fall maintenance of an electric furnace.
 ***** Please notify us in writing by the end of the calendar year if you wish to cancel this agreement

Fill out pricing and add total:

___ x ___ Plan Cost
 ___ x ___ Gas (\$29.00) or Oil (\$79.00) adder
 ___ x ___ Filter upgrade
 ___ x ___ Additional appliances
 _____ Sub total
 _____ Sales Tax
 _____ Total investment

Please sign and return this enrollment form with payment and start enjoying all the comforts of home with all the peace of mind.

Customer Signature: _____ Date: ___/___/___