

PLACE A SERVICE REQUEST

**HVAC PRICELINE
REQUEST FOR SERVICE**

NOT TO EXCEED \$_____ , PO#_____

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP

CONTACT:

PHONE:

EMAIL:

JOBISTE NAME:

ADDRESS:

CITY/STATE/ZIP:

CONTACT:

PHONE:

EQUIPMENT INFORMATION (ONLY IF KNOWN)

UNIT #:_____ **TYPE:**_____ **AREA SERVED:**_____

MAKE:_____ **MODEL #:**_____ **SERIAL #:**_____

AGE:_____ **VOLTAGE:**_____ **PHASE:**_____

(CLICK HERE FOR 2ND UNIT INFORMATION)

SERVICE DESCRIPTION: ___ SEE ATTACHED

PROBLEM: _____

CHOOSE FROM BELOW:

___ **PLEASE PROVIDE DIAGNOSTIC AND REPAIR UP TO THE
PRE-APPROVED AUTHORIZED LIMIT.**

___ **PLEASE A 2ND OPINION, ALONG WITH YOUR DIAGNOSTICS, WITH
THE PRICING IF OVER THE PRE-APPROVED AMOUNT.**

___ **PLEASE CONTACT ME TO DISCUSS.**

___ **OTHER:** _____