

# KLING'S

PA4423

**SINCE 1923**

**"Serving York County for over 96 years"**

## Priority Club Application / Annual Membership \*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Select your coverage options below:

Date: \_\_\_\_\_

# of Systems	System Type	# of Annual Visits	Cost Per Month	Total Cost Per Month	Total Annual Cost
	Gas Heat & AC (or Heat Pump)	2	\$15.00	x12	\$180.00
	Oil Heat & AC	2	\$20.00	x12	\$240.00
	Gas Heat or AC	1	\$10.00	x12	\$120.00
	Oil Heat	1	\$15.00	x12	\$180.00
	Add - Plumbing (with any above)	Included w/ above	\$5.00	x12	\$60.00
	Stand Alone Plumbing	-	\$10.00	x12	\$120.00
			<b>Other:</b>		
			<b>Total Investment:</b>		

**Note: Maintenance visits to be done during normal business hours (7am-3:30pm M-F).**

**Note: This program is for the Manufacturer's suggested maintenance only, and DOES NOT include parts or any future Service Calls that may be necessary.**

**Automatic Checking Account Transfer:** I hereby authorize Kling's to draft the monthly investment of \$\_\_\_\_\_ from my checking account # \_\_\_\_\_ each month to begin the month following the approval of this application. I have enclosed a voided check as required to initiate the bank draft program.

**Automatic Credit / Debit Card Debit:** I hereby authorize Kling's to charge the monthly investment of \$\_\_\_\_\_ to my credit card indicated below. Please complete credit card section below.

**Credit Card Information:**

Name on Card \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVC # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

I understand that the monthly fee will continue until a written notice of termination is received at the corporate office. Allow up to two weeks for termination of processing.

**If you choose the Priority Club, you are required to make the monthly payments for a period of at least one year. Discount on service work only applies to covered equipment. NO REFUNDS FOR ANY UNUSED SERVICES.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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 www.FFKling.com

**\* Priority Club = 12 Monthly Payments - Perpetually / Annual Membership = 1 Time Payment**

