



50 South End Plaza
New Milford, CT 06776
Phone: (860) 350-1331
Fax: (203) 790-9400
(800) 783-1247
www.2020air.net

HTG.0391602-S1 Comfort Quality Trust

20/20 Air Work Authorization Agreement

Available for the visit

___ I understand that _____ will be available for the visit.
___ I will be available for the visit.

Decision Making

___ I am authorizing my tenant, housekeeper, or other family member to make any and all decisions regarding repairs and maintenance on my heating/cooling or plumbing systems.

___ I will be available via phone to make all decisions related to visit on _____ that exceed \$1000. If I am not available when called I understand that I will be charged up to \$1000, but no more, for diagnostics and repairs.*

___ I will be available via phone to make all decisions related to services.*

* If I am not available when called I understand I will be charged the trip fee for the service. The technician will not be able to complete work and another appointment will be necessary with possible other charges.

Payment

___ I authorize you to charge my credit card for the visit on _____.

___ I authorize my tenant, housekeeper, or other family member to pay for the visit on _____.

Homeowner Name: _____ **Signature:** _____ **Date:** _____

Location Address: _____ **City:** _____ **State:** _____

Effective for One Date: _____ **OR Effective from** _____ **(date) until further notice.**

Credit Card Authorization Form

Customer Name: _____ Customer # _____

Date Received: _____ Payment Amount: _____

Type of Payment (Circle One): Deposit Balance Due Automated Payment

Type of Service (Circle One): Repairs Maintenance Installation

Credit Card Type (Circle One): VISA MasterCard Discover AMEX

Card Number: _____

Expiration Date: _____

3 or 4 Digit Security Pin: _____

Billing Address of Credit Card:

Name printed on card: _____

Street Address: _____

City, State, ZIP: _____

I _____ (name) authorize 20/20 Air Mechanical to charge my credit card for work performed at my home with verbal/phone authorization.

___ This authorization is in effective from _____ until further notice. Please keep this information on file.

___ This authorization is effective for one visit dated _____.

Signature: _____

Printed Name: _____