



Parks Heating & Cooling, Inc.
 7505 Caldwell Rd
 Harrisburg, NC 28075
 704-596-8200 • Fax: (704) 596-8097
 NC# 26985 • SC# RBH.973
 www.parksHVAC.com

A	D
4:00	5:00
Incomplete	<input type="checkbox"/>
Complete	<input checked="" type="checkbox"/>

Name	Annette Miller			Date	2/19/2013		
Address	4751 Mount Royal Lane			Customer #	Job#		
City	Charlotte	State	NC	Zip	28210	Truck #	96
Home Phone	980-939-4040	Work Phone		Bill To #			
Email Address							

Make	Lennox	Type		Equipment Model #	CB26UH-030-230-1	Serial #	6012K10117
13HPX-030-230-17.		1912L14308					

Service Agreement Investment \$ _____ Coverage Type _____ Accepted By X _____

My Estimate for performing work is \$ _____ Accepted By X _____

REPAIR CODE	REPAIR DESCRIPTION	PRICE WITHOUT EPA AGREEMENT	PRICE WITH EPA AGREEMENT

Terms
 All service work is C.O.D. Those delaying payment are charged a billing charge. Carrying charges on past due amounts are 1.5% per month. (18% per year)

Parts Warranty
 All new parts as recorded on face of this invoice are warranted for a period of one(1) year or in accordance with the manufacturers of other limited warranties.

Labor Guarantee
 Labor is Guaranteed for 1 year and applies only as it relates to specific new parts provided and the stated service performed.

Dispatch	NC
Repair(s)	NC
Service Agreement	
Total	NC
Other	
Billing Charges	\$20.00
Total Charges	NC

I hereby acknowledge the satisfactory completion of the work described above.

X 
 Customer Signature

THIS IS YOUR INVOICE #		1	0	4	1	0	2
NO.	MATERIAL	MAINTENANCE CHECK LIST					
		<input type="checkbox"/> COMPRESSOR <input type="checkbox"/> Suction _____ PSI <input type="checkbox"/> Head _____ PSI <input type="checkbox"/> Volts _____ AMPS <input type="checkbox"/> Electrical Connections <input type="checkbox"/> Contacts Tight and Clean <input type="checkbox"/> Oil Level and Condition					
		<input type="checkbox"/> CONDENSER COIL <input type="checkbox"/> Clean Coil and Check Fin Cond. <input type="checkbox"/> Ent _____°F LVG _____°F					
		<input type="checkbox"/> REFRIGERANT <input type="checkbox"/> Leak Charge					
		<input type="checkbox"/> FAN AND MOTOR <input type="checkbox"/> Volts _____ AMPS _____ <input type="checkbox"/> Electrical Connections <input type="checkbox"/> Contacts Tight and Clean <input type="checkbox"/> Fan Pulleys (Adjust Belts) <input type="checkbox"/> Check Lube Bearings and Motor					
		<input type="checkbox"/> EVAPORATOR COIL <input type="checkbox"/> Clean Coil and Check FIN <input type="checkbox"/> ENT DB _____°F LVG DB _____°F <input type="checkbox"/> ENT WB _____°F LVG WB _____°F					
		<input type="checkbox"/> CONDENSATE AREAS <input type="checkbox"/> Inspect and Clean Drain Pan <input type="checkbox"/> Inspect and Clean Drain					
		<input type="checkbox"/> AIR FILTERS <input type="checkbox"/> Cleaned/Replaced					
		<input type="checkbox"/> HEATING ASSY. <input type="checkbox"/> Burner and Heat Exchanger <input type="checkbox"/> Fuel Supply and Pressure <input type="checkbox"/> Pilot Assembly <input type="checkbox"/> Flame Assembly <input type="checkbox"/> Primary Relay and Flue <input type="checkbox"/> Fan and Limit Switch Operation <input type="checkbox"/> Blower Assembly <input type="checkbox"/> RV Valve <input type="checkbox"/> Strip Heat Defrost Cycle					
		<input type="checkbox"/> ELECTRICAL COMPTS. <input type="checkbox"/> Relays <input type="checkbox"/> Contacts <input type="checkbox"/> Overload <input type="checkbox"/> Press Switch					
		<input type="checkbox"/> THERMOSTAT <input type="checkbox"/> OK <input type="checkbox"/> Type <input type="checkbox"/> Replace <input type="checkbox"/> _____					
		<input type="checkbox"/> OIL <input type="checkbox"/> Smoke _____ <input type="checkbox"/> Draft _____ <input type="checkbox"/> Co _____ <input type="checkbox"/> Stack Temp _____°F <input type="checkbox"/> Efficiency _____					

WORK PERFORMED/RECOMMENDATION

System is blowing cold air

Check operation of heat pump system

Freon pressure in good .Tightn lose jumper

Wire at W1 to W2 on zone control board

Strip heaters are working amp drew on strip

Heaters is 44 Amps

Joe Clinard

Policy Type:

WAR ☒ COD ☐ COMM ☐ EXW ☐

CHECK

CASH

Check #: _____

Cash Amount Rec'd: \$ _____

CREDIT CARD

CARD TYPE:

Credit Card #: _____

Exp Date: _____

Authorization #: _____