

# HOMETOWN TOTAL CARE CLUB



172 Mohler Rd • Gray, TN 37615

**423-930-8151**

Client Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PROGRAM BENEFITS

- Annual Inspection: Hometown Plumbing, Electrical, & HVAC will send out a technician to perform annual preventative inspections for your plumbing, electrical and HVAC systems
  - Express Service: Front of the line service. This means you are top priority and move to the first available appointment that same day or the following day.
  - Fixture Warranties: We will extend our warranty to a lifetime warranty on all of our supplied fixtures for water heaters, commodes, disposals and any faucets (excluding outdoor faucets).
  - Repair Warranties: All repairs will have a warranty extension of 3 years.
  - Service Fee Waived with Accepted Work: The service fee is always waived for members as long as work is performed.
  - 15% Discount - Member exclusive discount
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- This contract is made effective with a monthly automatic charge of \$24.99 which will be automatically deducted on the 1st of each month.
  - The benefits above are valid only with an active account that is paid up to date.
  - The benefits will cease once the account goes into non-pay status.
  - If you are unhappy with the program, cancellation is accepted at any time after the 12 month contract.
  - All inspections will be completed in **January, February** and/or **March** (Please circle your preference)
  - This contract is valid for 12 months and will automatically renew unless cancellation is requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PAYMENT INFORMATION

### ☐ BANK DRAFT FORM

You authorize regularly scheduled withdrawals from your bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected. I, \_\_\_\_\_ (Customer), authorize Hometown Plumbing & Electrical Inc to charge my bank account indicated below for \$24.99 on the 1st day of each month.

**BANK DETAILS** Account Type: ☐ Savings | ☐ Checking

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number (#): \_\_\_\_\_ Routing Number (#): \_\_\_\_\_

**ACCOUNT HOLDER SIGNATURE** I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Merchant, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Merchant may, at its discretion, attempt to process the charge again within thirty (30) days. I agree to an additional \$10 charge for each attempt that is returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### ☐ CREDIT CARD AUTHORIZATION FORM

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

Billing Address: \_\_\_\_\_

Card Type:

☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Credit Card Number: \_\_\_\_\_

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

Card Identification Number: \_\_\_\_\_  
(last 3 digits located on the back of the credit card)

Signature: \_\_\_\_\_

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

PROOF