THE ULTIMATE SAVINGS AGREEMENT

(terms and conditions on reverse)



ENROLLMENT INFORMATION				
Owner's Name:				
Property Address:				
City, State, Zip:				
Primary Phone:	Work Phone:			
E-Mail:	Contact Name:			

PROGRAM BENEFITS

Value Rate Pricing
Extended Regular Hours
V.I.P. Scheduling
Waived Dispatch Fee

Discounted Priority Service Charge

24 Hour Emergency Service Scheduled Maintenance Visits

Peace of Mind

Extend Life of Your Plumbing Systems

Transferrable to New Owner

As Always...Friendly, Reliable, Red Carpet Service!

PLUMBING INSPECTION CHECKLIST*

*Includes up to four bathrooms and one water heater

- ✓ FLUSH WATER HEATER
- ✓ TEST WATER HEATER ELEMENTS & THERMOSTATS
- √ CHECK WATER TEMPERATURE & SETTINGS
- √ TEST GARBAGE DISPOSAL
- √ CHECK TOILET FLUSHING ACTION
- ✓ CHECK TOILET SEATS
- ✓ DYE TEST TOILET FOR SIGNS OF LEAKS
- ✓ INSPECT WASHING MACHINE HOSES
- ✓ RECORD BRAND, MODEL & SERIAL NUMBERS
- √ TECHNICIAN RECOMMENDATIONS

- ✓ INSPECT VISIBLE PIPING FOR LEAKS & CORROSION
- ✓ VISUALLY CHECK DRAINS
- ✓ CHECK FAUCETS FOR LEAKS & CORROSION
- ✓ IDENTIFY CLEANOUT LOCATION
- √ CHECK OUTSIDE HOSE BIBBS
- ✓ CHECK FIXTURE WATER FLOW
- ✓ CHECK & TAG MAIN SHUT OFF VALVE
- √ INSPECT FOR SIGNS OF WATER DAMAGE
- √ VISUALLY INSPECT WATER FILTER(S)
- ✓ INSTALL STICKERS

SPECIAL INSTRUCTIONS		

AUTHORIZATION						
Amount Paid: \$ Payment Type:		Service Specialist:				
□ By checking this box I am opting in to automatic renewal and therefore authorize my card on file to be charged annually.						
Cancel at any time by contacting our office.						
Authorized by:		Date of Approval:				
Signature:		Agreement Term:	to			
Inspection Date:		Completed by:				

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