



Let us pull the wraps off your evaporative cooler for summer

Call... ☎ **131 750**

Job # _____

Valued Customer Number

4+ BONUS INCLUDES 1 JOB Tech ID Number ID

Evaporative Open



Frequency Due Time

EVERY 1 YEAR Y Sept Nov



Book & Save **\$165 Single Service** Test + Report →

Check & Test - Schedule

1. Open Unit – leave cover in appropriate, safe location
2. Lubricate Blower Shaft and Bearing Housings
3. Adjust Vee Belt tension and Pulley alignment
4. Check Axial Fan alignment and screw tension - set and adjust
5. Turn on Water/Electrical supply, check Ball Float & Valve operation
6. Measure Motor Current - visually inspect electrical components
7. Clean Pump, Filter, Reservoir & Distributor Channels
8. Clean & flush Filter Pads. Check water distribution
9. Monitor water flow rate & adjust bleed off control
10. Check Fan speeds, air flow, ducting, connections & outlets
11. Add Easy Dose sanitiser Cartridge if specified - see below

Detailed Written report supplied

Book & Save **Products** Install + Guarantee →

Easy Dose Sanitiser Cartridge

Easy-Dose sanitiser cartridge will sanitise plus inhibit the growth & circulation of potential airborne bacteria & algae health hazards.



Replace Annually



Book & Save **Technicians** Diagnose + Repair →



Air Care



Air-Care Services manage the EXTRA demands of Summer.



\$165 Single Service Test + Report

Personal Information

Please Supply your current contact details to ensure our Prompt Attention

Initial & Surname: _____

Contact Mobile: _____ Email: _____

Number & Street Address: _____

Suburb: _____ Postcode: _____

Airconditioner & Location Information

Important Information for our Airconditioning Technicians

Make: _____ Model/Serial No: _____

Two Storey/High Pitch Roof: Yes No Covers available: Yes No

Rainwater Tank Connected: Yes No Pad Type: Aspen Fibre Celdek

Isolate Electrics OR Yes

(Exhaust Models ONLY)..... No Beware of Dog: Yes No

Any Additional Evaporative Units Make: _____ Model/Serial No: _____

Booking & Payment Information

Nominate Preferred Day & Time Period
 Mon Tue Wed Thu Fri Sat AM PM

Booking Contact: _____

Site Address: _____

Home/Mobile: _____

Leave blank if same as above

Payment Received

Complete Payment Details Card, Cheque or Cash.

VISA MasterCard CHEQUE CASH EFT

Name on Card: _____

No: _____

Signature: _____

Expiry Month: _____ Year: _____ Security Code: _____

I agree to authorise **Sharpe Group Pty Ltd** ABN 16 067 079 636 for the selected agreement above & detailed system check.

Call... ☎ **131 750**

Google...