

Evaporative Air Care Service

END of SEASON



ACCREDITED MASTER ELECTRICIAN

Let us Shutdown your Evaporative Air for Winter

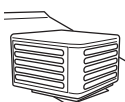
Worry free service & End of Season Evap Shutdowns

Valued Customer Number

Technician ID Number

JOB 1

Service Schedule and Check List



END of SEASON SHUTDOWN April - June

1. Inspect and flush Filter Pads, report on wear and condition
2. Clean unit & water Distributor channels
3. Clean and check Ball Float, Valve Assembly, Pump & Filter
4. Drain & clean Water Reservoir, remove dirt and mud build up
5. Test run to check Motor and Shaft Bearings for noise and wear
6. Isolate water to unit / Electrical supply
7. Remove & check V-Belt for wear
8. Apply spray seal protective coating to required components
9. Visually check integrity of all flashings, bolts & fastenings
10. Close unit with appropriate cover if avail.

Written report provided on completion of each service

Book an Evaporative Service

\$187

or

\$110

Evaporative Technician Accredited & Licenced

[MAX ONE HOUR]

All prices inc. gst



Personal Information

Please Supply your current contact details to ensure our Prompt Attention

Initial & Surname:

Contact Phone:

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Booking Contact:

Leave blank if same as above

Site Address:

Home/Mobile:

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.

