

Name(s):

Home Phone:  Work/Cell Phone:  Email:

Street:

City:  State:  Zip:

Electric Utility:  Account #:

**Premium Comfort Equipment**

Outdoor Model # <input type="text"/>	Indoor Model # <input type="text"/>	Location: <input type="text"/>
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Outdoor Model # <input type="text"/>	Indoor Model # <input type="text"/>	Location: <input type="text"/>

**Electrical Safety and Systems Controls**

New safety disconnect switch at A/C unit  Hard-wired controller to wall

Inter-connect A/C voltage cables  Hand-held remote controller with wall-mount bracket

Electrical wiring to panel to be performed contractor  Electrical wiring to be performed by owner

Other:

**System Piping and Options**

100% copper, dehydrated refrigerant suction-line piping  Condenser pad type:  Concrete-cast  Wall-mount bracket

100% copper, dehydrated refrigerant liquid-line piping  Programmable Remote Control: Hand-held or Wireless MHKI

Condensate pump:   Complete nitrogen purge

77-Series line hide for all refrigerant piping  Condensate drain line assembly

100-Series line hide for all refrigerant piping  Heat pump   Base heater

77-Series line hide for all refrigerant piping  Color   Length

Other:

**Total Confidence System Warranty**

year(s) full parts and labor warranty on everything   year(s) extended parts warranty, no labor

year(s) manufacturer's warranty on compressor

**Your Assurance of Quality****Your Total Investment**

Dollars: \$

Signature:

Date:

Street:

Homephone:

City:

Cellphone:

State:

Website:

Zip: