



SureTemp Mechanical

Mailing Address:
P.O. Box 1409
Sanford, NC 27331

Phone # 919-777-0668

Invoice Date Invoice #

3/30/2022 2-13350

Billing Inquiries? Call or Email:

919-777-0668

support@suretempvac.net



Debbie Donne- Zook
4 Beechtree Village
Sanford, NC 27332

P.O. No.

Due Date

Job Location

4/14/2022

4 Beechtree Village

Qty	Description	U/M	Rate	Amount
	Preventative Maintenance plan, and installation of REME-HALO.			
1	PREVENTATIVE MAINTENANCE PLAN	PK	186.00	186.00
1	REME-HALO	ea	579.44	579.44
			Subtotal	\$765.44
			Sales Tax (7.0%)	\$40.56
			Total	\$806.00
			Payments/Credits	-\$806.00
			Balance Due	\$0.00

ALL INVOICES TO BE PAID IN FULL UPON RECEIPT. ACCOUNTS ARE PAST DUE AFTER 30 DAYS BEYOND INVOICE DATE, AND ARE SUBJECT TO 1 1/2% PER MONTH FINANCE CHARGE. ALL COSTS OF COLLECTING PAST DUE ACCOUNTS, INCLUDING ATTORNEY'S AND COURT COST ARE, CUSTOMERS OBLIGATION.

Future Invoice Sent Method- Circle One PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

USPS Mail Text Cell Email

Debbie Donne- Zook
4 Beechtree Village
Sanford, NC 27332

Please note current billing address, cell or email below

We now accept credit and debit cards, pay over the phone or come by our office location.



Invoice # Invoice Date

2-13350 3/30/2022

Suretemp Mechanical
P.O. Box 1409
Sanford, NC 27331

PLEASE PAY THIS AMOUNT ▶▶▶▶

\$0.00

Make checks payable to: Suretemp Mechanical



PRECISION TUNE-UP CHECKLIST

P.O. Box 1409
 Sanford, NC 27331
 (919) 777-0668
 support@suretempvac.net

Date: 03/29/22 Technician Name: Jordan Customer Name: Debbie, Donna Zook
 Address: 4 Beachtree Village
 Existing Condition: Excellent Good Fair Poor Anticipated Life: Great City: Sanford State: UNC Zip: _____
 Equipment Location: _____

EQUIPMENT IDENTIFICATION

Type: Tune Make: Hickory Model#: ATLE351400 Serial #: 908155E2V Age: 2009 Volts/Phase: 230V

CHECKLIST ALL PTU'S	GAS HEATING CHECKLIST	COOLING/HEAT PUMP & AIR HANDLER/HEAT
<input checked="" type="checkbox"/> Check T-Stat <input checked="" type="checkbox"/> Inspect Filters <input checked="" type="checkbox"/> Check Electrical Connections <input checked="" type="checkbox"/> Check Blower Wheel <input checked="" type="checkbox"/> Outdoor Temp _____ <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Inspect Heat Exchanger <input checked="" type="checkbox"/> CO PPM _____ <input checked="" type="checkbox"/> Clean/Check Burners <input checked="" type="checkbox"/> Check Ign. Assembly <input checked="" type="checkbox"/> Cold Ohms @ _____ <input checked="" type="checkbox"/> Check Drains <input checked="" type="checkbox"/> Check Gas Pressure WC High _____ WC Low _____ <input checked="" type="checkbox"/> Check Pressure Switch Low _____ High _____ <input checked="" type="checkbox"/> Flame Sensor Reading <input checked="" type="checkbox"/> Check Thermocouple M/a _____ mV _____	<input checked="" type="checkbox"/> Check Draft <input checked="" type="checkbox"/> Temperature Rise _____ F <input checked="" type="checkbox"/> Check Fan & Limit Control <input checked="" type="checkbox"/> Record Blower Volts/Amps V _____ A _____ <input checked="" type="checkbox"/> Check Vents/Flues & Termination <input checked="" type="checkbox"/> Lubricate Motor if NOT Permanent <input checked="" type="checkbox"/> Lubricate Draft Inducer Amps _____
		<input checked="" type="checkbox"/> Refrigerant R410A _____ R22 _____ <input checked="" type="checkbox"/> Suction Press. <u>120</u> Liquid <u>310</u> <input checked="" type="checkbox"/> Check Indoor Blower Bearings <input checked="" type="checkbox"/> Check Condensor <input checked="" type="checkbox"/> Check Crank Case Heater <input checked="" type="checkbox"/> Check Oil Sight Glass <input checked="" type="checkbox"/> Check Fan Cycling <input checked="" type="checkbox"/> Check Outdoor Coil <input checked="" type="checkbox"/> Check Indoor Coil <input checked="" type="checkbox"/> Check/Run Defrost Cycle <input checked="" type="checkbox"/> Check Reversing Valve <input checked="" type="checkbox"/> Check Safety Controls <input checked="" type="checkbox"/> Fan Capacitor Rated <u>5</u> mfd <u>5</u> <input checked="" type="checkbox"/> Record Compressor Amps <input checked="" type="checkbox"/> Lubricate Condenser Motor
		<input checked="" type="checkbox"/> Run Capacitor(s) Rated <u>40</u> mfd <u>40</u> Rated _____ mfd _____ Rated _____ mfd _____ <input checked="" type="checkbox"/> Blower Capacitor Rated _____ mfd _____ ECM Electric/Air Handler <input checked="" type="checkbox"/> Check Voltages <input checked="" type="checkbox"/> Check Air Handler Electrical Connections <input checked="" type="checkbox"/> Check Elements Amps A _____ A _____ A _____ <input checked="" type="checkbox"/> Check Contactors (Pitted / Worn / Clean) <input checked="" type="checkbox"/> Check Fusible Links

PERFORMANCE RECOMMENDATIONS

REQUIRED PARTS

	PART#	DESCRIPTION	QTY	PRICE
<u>Installed Home Halo LED</u>				

The above tune-up has been performed in a professional manner as set forth by Suretemp Mechanical. I recommend the above procedures as stated in the performance recommendations section.

Technician Signature: [Signature]

TOTAL

STOP NEXT SCHEDULED TUNE-UP IS:

License # 19738



P.O. Box 1409
 SANFORD, NC 27331-1409
 WWW.SURETEMPHVAC.NET

PH OR TEXT # 919-777-0668
 FAX # 919-775-2115
 EMAIL: support@suretempvac.net

HEATING AND AIR CONDITIONING

A. Starr
 * Home Halo-Warranty
 FIVE years from
 install date

BILL TO: <i>Debbie Donne Zook</i>	JOB LOCATION: <i>Carolina Trace</i>
ADDRESS: <i>4 Beechtree Village</i>	ADDRESS:
CITY: <i>Sanford</i> STATE: <i>NC</i> ZIP:	CITY: STATE: ZIP:
WORK ORDER # <i>10488-2</i> <input type="checkbox"/> RECALL	CONTACT #: HDME: WORK:
NATURE OF CALL: <i>Home Halo LED & Service</i>	<input checked="" type="checkbox"/> CURRENT MAINTENANCE PLAN CUSTOMER <input type="checkbox"/> PROSPECTIVE MAINTENANCE PLAN CUSTOMER

*Went & installed Home Halo LED Light.
 Tested operation of light after installing.
 Performed Annual AM While there
 cleaned coils & blower housing. Freon ✓ (AH in Closet Outside)
 System Working Great.*

MATERIALS:	CHECK ALL THAT APPLY	
	<input checked="" type="checkbox"/> SURETEMP INSTALLED	<input type="checkbox"/> NEW SYSTEM (UNDER 1 YEAR)
	<input checked="" type="checkbox"/> EXISTING SYSTEM	<input type="checkbox"/> NEW CONSTRUCTION START UP
	MFD DATE	MFD NAME
	<i>Trane</i>	EQUIPMENT <i>SPLIT HP</i>
	MODEL #	
	SERIAL #	
	LABOR:	
	DATE	TECHNICIAN
	<i>03/29/22</i>	<i>Jordan Mike</i>
	SIT	OT
	<i>2</i>	
	HOLIDAY	

COD ACCOUNT	
TOTAL AMT \$	
PAYMENT TYPE: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CARD	

I hereby acknowledge the satisfactory completion of the above described work. Payment will be made as outlined by terms below.	LIMITED WARRANTY: ALL MATERIALS, PARTS AND EQUIPMENT ARE WARRANTED BY THE MANUFACTURERS WRITTEN WARRANTY ONLY. ALL LABOR PERFORMED BY THE ABOVE NAMED COMPANY IS WARRANTED FOR 30 DAYS OR AS OTHERWISE INDICATED IN WRITING.
SIGNATURE _____ DATE _____	THANK YOU
TERMS: NET 10	



Sure Temp Mechanical

3105 Hal Siler Dr
Sanford, NC 27332
(919) 777-0668
support@suretempvac.net

Debbie Donne-zook

4 Beechtree Village
Sanford, NC 27332
(508) 527-4474

Yearly Membership Plan

Benefits Include:

- Priority Service
- 15% Repair Discount
- 2 Maintenance Visits
- 50% Off Diagnostic Fee
- No Overtime Charges
- Priority Service

Plan duration

March 25, 2024 - March 25, 2025 (1 year)

Included visits

Visit #1	Apr 30, 2024	Invoice #218
Visit #2	Sep 2024	

Add-ons

None

Payment frequency

\$186.00/year

Payment method

- Credit
- Cash/Check/Other

Billing address

4 Beechtree Village
Sanford, NC 27332

Print name

Signature

Date