



VaughanCare Plan Pricing

In order to enroll in VaughanCare, please complete the following steps :

1. Choose from the Comfort options and Add-on Coverage listed below
2. Read the enclosed Term's and Conditions
3. Complete the payment options/customer info form on the reverse side.
4. Detach and return to our office in the enclosed self addressed envelope

Comfort Options - each Plan protects Heater and Air Conditioner	Monthly Investment	Annual Investment
COMFORT	-	<input type="checkbox"/> \$140
COMFORT <i>Plus</i>	<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$210
COMFORT <i>Preferred</i>	<input type="checkbox"/> \$24.17	<input type="checkbox"/> \$290
COMFORT <i>Elite</i> <small>*Recommended for Oil Systems</small>	<input type="checkbox"/> \$30.83	<input type="checkbox"/> \$370
Add-on Coverage - available only with purchase of a VaughanCare Plan.		
 Humidifier	-	<input type="checkbox"/> \$35
 Electronic Air Cleaner	-	<input type="checkbox"/> \$35
Total		

1

MONTHLY PAYMENTS - *made by credit card only. Your CC will be billed automatically on the 15th of each month for 12 months.*

Please bill my credit card

\$ _____
total if multiple plans

2

FULL PAYMENT

Please bill my credit card

\$ _____
total if multiple plans

I've enclosed a check for this amount

\$ _____
total if multiple plans

Credit Card Info

CREDIT CARD INFO - *If you are not comfortable entering your info below, please call our office or enter in your payment via your customer login at vaughanhvac.com*

CC # _____

Visa AMEX

Exp Date: _____ CVC code _____

MC DISC

Customer Info

CUSTOMER INFO- *By signing this form, you agree that you have read and understand the VaughanCare Term and Conditions in the accompanying brochure.*

Name _____ Email _____

Address _____ City _____

State _____ Zip _____ Phone _____

Signature _____ Date _____