



TOP GUN TOTAL CARE MAINTENANCE PROGRAM



TIER 1

VIPER

\$560/yr



I want to participate in
this Maintenance Plan



TIER 2

GOOSE

\$784/yr or \$66/mo



I want to participate in
this Maintenance Plan



TIER 3

MAVERICK

\$1,120/yr or \$94/mo



I want to participate in
this Maintenance Plan

Please return this form with payment to the address below.

I wish to participate in the Top Gun Total Care Maintenance Program. I understand the program and agree to take advantage of all applicable benefits. All systems being maintained must be located at the same address.

*Monthly pay options: see agreement conditions.

Name: _____ # of Systems: _____ Date: _____

Address: _____ Total Payment: _____

Phone #: _____ Signature : _____

Credit Card #: _____ Expiration Date: ____/____ CVC: _____ Annual ☐ Monthly ☐

*Credit Card Customers, if you prefer please call the office at (484) 986-5517. Thank you!

Email Address: _____

We may use your email address to communicate with you about our services. (Your email address is not used for any other purposes and will not be sold.)

Signature: _____ Date: _____

