

## Quality Installation and Equipment Operation Report

 Job #: \_\_\_\_\_ Date: 07-22-17
 Multi-Zone Residence?

 Customer Name: Karen Funke

 Phone: 972) 955-8350

 Install Address: 16111 Elm Point Ct

Billing Address (if different): \_\_\_\_\_

110500474 11015

Refrigerant Piping:	<input type="checkbox"/> New <input type="checkbox"/> Cleaned <input type="checkbox"/> Leak Checked <input type="checkbox"/> Acid Check _____ (Results) <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Condensate Drain / Pump / Float Switch:	<input type="checkbox"/> Complete <input type="checkbox"/> Tested & Passed (including safety)
Combustion Air Grilles Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments) <input type="checkbox"/> N/A
All electrical breakers on and appliances plugged in:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)
All work & foundation penetrations sealed:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)
All work areas cleaned, trash removed/ready for p/u:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)

SAFETY CHECKS	
Inspect vent connector(s) and check draft:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments) <input type="checkbox"/> N/A
Check safeties :	<input type="checkbox"/> High temp. <input type="checkbox"/> Roll-out <input type="checkbox"/> Pressure switch <input type="checkbox"/> N/A
Fuel piping installed:	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A <input type="checkbox"/> Tested & Passed
Pilots Lit:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)

HOMEOWNER INFORMATION / EXPLANATION	
Stickers and service numbers posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)
Homeowner instructed on operation of new equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)
Owner manuals and warranty information provided to homeowner:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, See comments)

INSTALLED EQUIPMENT AND ACCESSORIES	
<input type="checkbox"/> 90+ Gas Furnace <input type="checkbox"/> 80% Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Aquatherm <input type="checkbox"/> Air Handler <input type="checkbox"/> Coil <input type="checkbox"/> Other _____ <input type="checkbox"/> In-Warranty Exchange?	
Manufacturer: Indoor Unit <u>CARRIER</u>	Outdoor Unit <u>CARRIER</u>

	Model Number	Serial Number
O.D. Unit	<u>240CC1601W3</u>	<u>2817E12238</u>
I.D. Unit		
Coil	<u>052A1P601211HA</u>	<u>2617X24134</u>
Air Hndlr.		
Htr. Pkg.		
T-Stat		
Humidifier		
Air Cleaner		
Other		
Other		
Other		

Start-up and Pressure Test Readings	
<b>Plenum Temp.</b> Supply   R/A H _____° / _____° C _____° / _____°	<b>Air Temp.</b> Indoor   Outdoor H _____° / _____° C _____° / _____°
<b>Refrig. Pres. (lbs.)</b> Suction   Discharge H _____° / _____° C _____° / _____°	Sub-cooling _____° Superheat _____° Refrig. Temp _____° / _____°

 Date Installed: 07-22-17   Date Started: 07-22-17   Start-up Technician: Arturo

Gas Appliance Check / Clock Meter	
Clock Meter:	<input type="checkbox"/> Completed
Paper Test:	<input type="checkbox"/> Completed
The above job is substantially complete with the exceptions noted: <u>Arturo</u> <small>Customer's Signature</small>	

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Manufacturer Warranty Information (For Office Use Only)				
<b>Indoor Parts:</b>	Heat Exchanger _____ yrs	Indoor Coil <u>10</u> yrs	Remaining Parts <u>10</u> yrs	T-Stat _____ yrs
	Humidifier _____ yrs	Air Cleaner _____ yrs	Cond. Pump _____ yrs	
<b>Outdoor Parts:</b>	Compressor <u>10</u> yrs	Outdoor Coil <u>10</u> yrs	Remaining Parts <u>10</u> yrs	
	<b>Labor by Constellation HOME:</b>	Indoor Unit <u>2</u> yrs	Outdoor Unit <u>2</u> yrs	

1-844-823-HOME (4663)

THIS AGREEMENT is entered into by and between BGE Home Products & Services, LLC, TX Licenses, HVACR TACLB 67652E, Electrical TECL 343159, Service Plan TSCP #684 Plumbing M-41856 (doing business as and referred to herein as "Constellation Home" or "Seller" or "we" or "us") and the Customer named below referred to herein as the "Customer" or "you". Constellation Home agrees to furnish all materials and labor, either itself or through licensed independent contractors (any such contractor, along with its employees, agents and subcontractors, "Installation Professional" or "Professional"), necessary to perform the following work for the Customer at the job site address:

Customer Name KARSA FINKE 16111 SLAUGHTER CT HOUSTON TX 77095

Email: \_\_\_\_\_ (H) Ph# 972 955 8350 (W) Ph# \_\_\_\_\_ (C) Ph# \_\_\_\_\_

EQUIPMENT	BRAND	MODEL	WARRANTIES (YEARS)				NOTES
			PARTS	LABOR	CMPSR	HT KCHJR	
<input checked="" type="checkbox"/> AIR COND <input type="checkbox"/> HEAT PUMP	<u>CARRIER</u>	<u>24ACCL460</u>	<u>10</u>	<u>2</u>	<u>10</u>		
<input type="checkbox"/> FURN <input type="checkbox"/> AIR HNDLR							
<input type="checkbox"/> COIL <input type="checkbox"/> ELEC HEATER	<u>CARRIER</u>	<u>MATCHING</u>	<u>10</u>	<u>2</u>			
<input type="checkbox"/> HUMIDIFIER							
<input type="checkbox"/> AIR CLEANER							
<input type="checkbox"/> THERMOSTAT							
<input checked="" type="checkbox"/> REFRIGERATION LINES <input checked="" type="checkbox"/> CLEAN/REUSE <input type="checkbox"/> NEW <input type="checkbox"/> REMOVAL OF OLD EQUIPMENT <input checked="" type="checkbox"/> PERMITS <input type="checkbox"/> CONDENSATE PUMP <input type="checkbox"/> STD. CHIMNEY LINER <input type="checkbox"/> COMBUSTION AIR GRILLES <input type="checkbox"/> ELECTRICAL CIRCUIT <input type="checkbox"/> OUTDOOR UNIT <input type="checkbox"/> INDOOR UNIT <input type="checkbox"/> OUTDOOR UNIT PAD <input type="checkbox"/> DISCONNECT <input type="checkbox"/> PVC FLUES <input type="checkbox"/> CONNECT TO EXISTING DUCTWORK <input checked="" type="checkbox"/> EXTENDED LABOR PROGRAM <input type="checkbox"/> 2 YR. PREMIER POLICY <input type="checkbox"/> OTHER							

Notes: DRAIN PAN WITH DRAIN SWITCHES  
SEPARATE MASTER BED AND BATH SUPPLY

APPROXIMATE INSTALLATION START DATE: 7/20/17 APPROXIMATE INSTALLATION COMPLETION DATE: 7/20/17

PURCHASE PRICE: 6300.00  
Total Purchase Price \$ \_\_\_\_\_  
Down Payment \$ 0  
Balance Due Upon Completion \$ 6300.00  
Method of Payment:  Check  Credit Card  
 Third Party Financing WF

By and through his or her signature below, Customer (and Co-Customer, if applicable) acknowledges and agrees: (1) that he or she has read, understands and agrees to this Agreement, including the Additional Terms and Conditions that are part of this Agreement, and (2) that he or she has received a complete copy of the Agreement and a copy of Constellation Home's Customer Privacy Policy.

NOTICE TO BUYER: (1) DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. (3) YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

CUSTOMER: KARSA FINKE  
(SIGNATURE) \_\_\_\_\_ (Date of Transaction) 7-20-17

CO-CUSTOMER: \_\_\_\_\_  
(SIGNATURE) \_\_\_\_\_ (Date of Transaction) \_\_\_\_\_

Name (Print) KARSA FINKE

Name (Print) \_\_\_\_\_

CONSTELLATION HOME: [Signature]  
BY: \_\_\_\_\_ NAME/TITLE: \_\_\_\_\_  
Name (Print) MIKE DUMMER

DATE: 7-20-17

Addendum(s) Attached BGE Home Products & Services, LLC is doing business as Constellation Home.

Scope. This Agreement is between you and Constellation Home. Under this Agreement, Constellation Home will perform or cause to be performed the work as described in the Cover Page, subject to these Terms and Conditions. If you have elected either the Extended Labor Program or the Premier Policy, you will receive separate terms and conditions applicable to that coverage. Constellation Home does not provide, or arrange for, architectural/engineering services or structural changes to dwellings, and provides the warranty as described on the Cover Page, subject to these Terms and Conditions. You will not pay anything to the Installation Professional performing the work, although the Professional may present this Agreement to you for your review and signature and/or collect your payment(s) on Constellation Home's behalf. The work is limited to and, subject to any Change Order, will be completed in substantial accordance with the Cover Page and subject to these Terms and Conditions.