

Grant Mechanical  
 1427 Woodmere Ave  
 Traverse City, MI 49686  
<https://GrantMechanicalTC.com>  
 (231) 943-2066

## Protection Plan Agreement



Purchaser/Billing			Equipment Location		
Name			Name		
Street Address			Street Address		
City	State	ZIP	City	State	ZIP
Phone	Email		Phone	Email	
Preferred Method of Contact Circle One:            Phone        Email			Preferred Method of Contact Circle One:            Phone        Email		

Maintenance Plan					
Circle one:                                  Plan:    Silver        Gold        Platinum        Diamond					
Number of Service Inspections per Year		Start Date:		End Date:	

Equipment Covered					
Equipment Type	Brand	Model	Serial	Approx. Age	Filter Size

Payment Options	
The annual cost for your Protection Plan will be \$ _____ payable monthly by automatic credit card withdrawal, or you may pay the full annual amount in advance.	
I understand that my agreement shall be automatically renewed each year, my monthly investment will be charged in the amount of \$ _____ using the method located below effective _____. I understand the monthly fee will continue until a written notice of termination is received.	

Purchaser Signature	Date
Grant Mechanical Representative Signature	Date

Payment Information	
(Detach and Destroy Credit Card Information Once The Recurring Amount is Established)	
<input type="checkbox"/> Pay Annual Amount in Full	
<input type="checkbox"/> Monthly Automatic Credit Card Debit	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card # _____    CID # _____    Exp. Date _____	