

A.J. PERRI

PLUMBING ■ HEATING ■ COOLING
 NJ Plumbing Lic.#36B101256600
 NJ HVACR Lic. #19HC00103100
 NJ Electrical Lic# 34EB01783000

Customer Name: PAUL HORMANN
 Address: 46-48 WASHINGTON ST. City/State: RED BANK NJ Zip: 07701
 Date: 10/22/18 Invoice # 1769720
 Technician: Ed D'Amore

Att-4



1162 PINE BROOK ROAD • TINTON FALLS, NJ 07724 • 1-800-287-2164 • FAX 732-982-8719

Summary of Findings

Plumbing • Heating • Air Conditioning • Drain Clearing Options

Task	Description	Standard Rate	Service Partner Rate	Service Partner Savings	Monthly Payment
Option 1	TO INSTALL 9" ALL FUEL				
	TRIPLE WALL STAINLESS STEEL	\$1539 ⁰⁰	\$	\$	\$
	CHIMNEY TO SUPPORT TOTAL BTU LOAD. TO INSTALL 2-40 GALLON GAS WATER HEATERS C PACKAGE				
	1 YEAR TANK 10 YEAR LABOR PRICE AFTER DISC <u>11,329⁰⁰</u>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Option 2	TO INSTALL 9" ALL FUEL				
	TRIPLE WALL STAINLESS STEEL	\$10828 ⁰⁰	\$	\$	\$
	CHIMNEY TO SUPPORT TOTAL BTU LOAD.				
	PRICE AFTER DISC <u>8329⁰⁰</u>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Option 3	NOTE: PATCHING OF OLD MASONRY				
	CHIMNEY TO BE DONE BY OTHERS	\$	\$	\$	\$
	ALL PERMITS REQUIRED TO BE PULLED BY A.J. PERRI				
	2 YEAR LABOR WARRANTY ON CHIMNEY			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Option 4	LEAVE AS IS				
		\$	\$	\$	\$
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

Comments and Recommendations:

My signature below acknowledges that the work has been completed to my satisfaction. I understand that written authorization will be obtained before any additional work is performed.

Customer Signature [Signature] 10/22/18 Tech Signature [Signature]
 Master Plumber _____ Master Plumber Signature _____



Exceptional Service Provider



Plumbing Heating Cooling

THIS IS YOUR INVOICE # 1769720

1162 PINE BROOK ROAD • TINTON FALLS, NJ 07724
 TOLL FREE: 1-800-287-2164 • Fax: 732-982-8717
 ajperri.com

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NAME: PAUL HORMANN		DATE: 10/22/18	<input type="checkbox"/> COMPLETE	
ADDRESS: 46-48 WASHINGTON ST.		TECH: JSD	<input type="checkbox"/> PARTS QUOTE	
CITY: RED BANK	STATE: NJ	ZIP: 07701	<input type="checkbox"/> TEMPORARY	
HOME PHONE:	WORK PHONE:		<input checked="" type="checkbox"/> INCOMPLETE	
E-MAIL ADDRESS:			<input type="checkbox"/> NEW EQUIPMENT	
MAKE:	EQUIPMENT MODEL #:	SERIAL #:		
OUR TRAINED TECHNICIAN RECOMMENDS THE FOLLOWING				
COLLECTED DEPOSIT OF 3500				
BALANCE UPON COMPLETION 792.91				
Service Agreement Investment \$	Coverage Type	Declined	Accepted X	
My Estimate for performing work is \$		Declined	Accepted X	
QTY	REPAIR CODE	REPAIR DESCRIPTION	PRICE WITHOUT SERVICE AGREEMENT	PRICE WITH SERVICE AGREEMENT
		DEPOSIT	3500	
TERMS All service work is C.O.D. Those delaying payment are subject to the maximum rate allowed by law.		Fuel Surr/Haz Mat Charge Trip Charge Flat Rate Repair Service Agreement Subtotal Tax Total Charges → 3500		
PARTS WARRANTY All new parts as recorded on face of this invoice are warranted for a period of one (1) year.		I hereby acknowledge the satisfactory completion of the work described above.		
LABOR GUARANTEE Labor is guaranteed for 1 year and applies only as it relates to specific new parts provided and the stated service performed.		X _____ Customer Signature X _____ A.J. Perri Representative		
Check One: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> DISCOVER CREDIT CARD # 2001 AUTH # 855560 EXPIRATION DATE: 05/21		Name on Card: PAUL M HORMANN Credit Card Zip Code: 07732 CHECK Amount \$ _____ CASH Amount \$ _____ Check #: _____ CREDIT CARD: _____ Customer's Signature: _____ Sales Representative: _____		

