

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION	PRICE	AMOUNT
☐ COMPRESSOR				
☐ SUCTION _____ PSI				
☐ HEAD _____ PSI				
☐ VOLTS _____ AMPS				
☐ ELECTRICAL CONNECTIONS				
☐ CONTACTOR TIGHT & CLEAN Y/N				
☐ OIL LEVEL & CONDITION				
☐ BURN OUT				
☐ CONDENSER COIL				
☐ CLEAN COIL & CHECK FIN COND.				
☐ ENT _____ °F LVG _____ °F				
☐ REFRIGERANT				
☐ LEAK ☐ CHARGE				
☐ FAN AND MOTOR				
☐ VOLTS _____ AMPS				
☐ ELECTRICAL CONNECTIONS				
☐ CONTACTS TIGHT & CLEAN				
☐ FAN PULLEYS (ADJUST BELT)				
☐ CHECK, LUBE BEARINGS & MOTOR				
☐ CFM				
☐ EVAPORATOR COIL				
☐ CLEAN COIL & CHECK FIN				
☐ ENT DB _____ °F LVG DB _____ °F				
☐ ENT WB _____ °F LVG WB _____ °F				
☐ CONDENSATE AREAS				
☐ INSPECT & CLEAN DRAIN PAN				
☐ INSPECT & CLEAN DRAIN				
☐ AIR FILTERS				
☐ CLEANED ☐ REPLACED				
☐ FILTER SIZE				
☐ HEATING ASSY.				
☐ BURNER & HEAT EXCHANGER				
☐ FUEL SUPPLY & PRESSURE				
☐ PILOT ASSEMBLY				
☐ FLAME ADJUSTMENT				
☐ PRIMARY RELAY & FLUE				
☐ FAN & LIMIT SWITCH OPER.				
☐ BLOWER ASSEMBLY				
☐ RV VALVE				
☐ STRIP HEAT				
☐ DEFROST CYCLE				
☐ ELECTRICAL COMP'TS.				
☐ RELAYS ☐ CONTACTORS				
☐ OVERLOAD ☐ PRESS. SWITCH				
☐ THERMOSTAT				
☐ O.K. ☐ REPLACE				
☐ RELOCATE				
TRAVEL TIME				
TIME ARRIVED _____				
TIME DEPARTED _____				
TRAVEL TIME _____				
MILEAGE				
ENDING _____				
START- _____				
TOTAL MILES _____				
X /HR.= _____				
X /ML.= _____				
TRIP CHARGE \$				

ALFORD AIR CONDITIONING CO., LLC

P.O. BOX 16015
 GALVESTON, TX 77552
 (409) 763-0111
 TACLB28269C

Goodman

LENNOX

NAME	Clayton Chambers		E-MAIL	
STREET	1401 East Beach Dr. # 114		PHONE	832-282-0989
CITY	Galveston	STATE	TX	ZIP
MAKE		MODEL		SERIAL NUMBER
JOB LOCATION				

DATE 7/15/20

DATE ORDERED

DATE SCHEDULED

PHONE 832-282-0989

WK. OR CELL

☐ WARRANTY
☐ CONTRACT
☐ SERVICE CONTRACT
☒ NORMAL
☐ RES ☐ COMM.

DESCRIPTION OF WORK

SERVICE

ORIGINAL COMPLAINT

R/R one 3 ton system. Shut and checked operation. @. All other checks @.

6966 87

PLEASE PAY FROM THIS INVOICE

LABOR	TECH #1	HRS. @	/HR. =	REGULAR	OVERTIME	HRS. @	/HR. =
	TECH #2	HRS. @	/HR. =	REGULAR		HRS. @	/HR. =
TECHNICIAN SIGNATURE				CERT. #	TOTAL OTHER CHARGES		

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

SUB-TOTAL 6966 87

TRIP CHARGE

TAX

TOTAL AMOUNT DUE

6966 87

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY. DATE

X

7/15/20

Conditional Warranty Consumer Warranty Confirmation



The new degree of comfort.™

Product Information

Model	Serial	Registration Date	Install Date
RH1P3617STANJA	W172037138	7/17/2020	7/15/2020
RA1436AJ1NA	W262032654	7/17/2020	7/15/2020

Customer Information

First Name	Clayton
Last Name	Chambers
Email	
Phone	832-282-0989
Address	1401 East Beach Dr. #714
City	Galveston
State	TX
Postal Code	77550

Contractor Information

Name	Alford Air Cond. Co., LLC.
	Douglas Farence
Email	alfordair@gmail.com
Phone	409-763-0111
Address	2415 Ave K
City	Galveston
State	TX
Postal Code	77550

Your Conditional Warranty is now registered, and will be honored in the event of a warranty claim, ONLY if all additional terms and conditions detailed in the Manufacturer's Warranty Certificate, are satisfied.

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