

FRIENDLY, TIMELY,
AFFORDABLE

LICENSED & INSURED

MIGHTY SERVICES

AIR CONDITIONING, HEATING, ELECTRICAL & REFRIGERATION

EASTBANK 504-454-5073 WESTBANK 504-333-3389 NORTHSHORE 985-370-0070

P.O. BOX 57532 NEW ORLEANS, LA 70157-7532
www.mightyservices.net

Proposa

INVOICE #: 00261

DATE: 08/01/22 DS#:

CUSTOMER NAME (Financially Responsible Party) **Song Lui** CALLER NAME _____ JOB CONTACT NAME _____
 JOB ADDRESS **3513 CAMBRONNE** CITY _____ STATE _____ ZIP _____
 BILLING ADDRESS (if Different) _____ PH1 _____ PH2 _____
 E-MAIL ADDRESS _____

ORIGINAL COMPLAINT

DETAIL: Renovation

WORK AUTHORIZATION: I, the undersigned, am owner/authorized representative/tenant of the premises at which the work above is being done. I hereby authorize you to perform the above recommendation, and to use such labor and materials as you deem advisable. Unless prior-authorization for billing, payment for all work done is due upon completion (C.O.D.) A \$ 10.00 BILLING CHARGE is due thereafter. An office billing charge and/or finance charge of 1.75% per month (21% per annum) will be added after 10 days past due. I agree to pay reasonable attorney's fees, court costs and collection fees in the event of legal action. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded, unless otherwise specified herein.

I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK AT THE UPFRONT FEE OF \$ 81,400
 Signature: Song Lui Print Name: Song Lui

CHECK LIST

COMPRESSOR
 SUCTION _____ PSI
 HEAD _____ PSI
 VOLTS _____ AMPS
 ELECTRICAL CONNECTIONS
 CONTACTS TIGHT & CLEAN
 OIL LEVEL & CONDITION

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, LUB 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

QTY.	OPERATIONS	DESCRIPTION	AMOUNT	
			YES	NO
		SERVICE CALL CHARGE/TRIP CHARGE		
		SERVICE PARTNER MEMBERSHIP		
①	Roof	Replace Roofing	16000	00
②	Siding	Replace Exterior Siding	11000	00
③	Windows	Replace 6 Windows	2400	00
④	Replace	outlets, lights, And switches	7000	00
⑤		Flooring & Cabinets	11,000	
⑥	Replace	Tubs, Toilets, & Fixtures	14,000	00
⑦	Replace	4 HVAC (Ac) systems	20,000	00

Thank You	FOR CHOOSING US FOR YOUR SERVICE NEEDS	LABOR	TECH #1	HRS. @	/HR. =	REGULAR	OVERTIME	HRS. @	/HR. =
			TECH #2	HRS. @	/HR. =	REGULAR	OVERTIME	HRS. @	/HR. =

PAYMENT 1 Cash Check Check #: _____
 MC Visa Disc AmEx Auth #: _____
 Card#: _____ Exp: [] []

PAYMENT 2 Cash Check Check #: _____
 MC Visa Disc AmEx Auth #: _____
 Card#: _____ Exp: [] []

MILEAGE	(+) ENDING	(-) START	TOTAL MILES	(+) ARRIVED	(-) DEPARTED	TRIP CHARGE	\$	\$
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STOP WANT TO PAY LESS??
 Maintenance Agreement customers receive a discount on repair services.
 SAVINGS ON THIS INVOICE \$ _____

ACCEPT DECLINE

SERVICE TECHNICIAN ACKNOWLEDGEMENT
 Prior to the customer entering into the contract, I have discussed the nature of the service and cost and I have given a copy of the contract to the customer. All work I have done has been in compliance with company standards in a workmanlike manner, to building codes when applicable.
 Technician Signature: Muller

ENVIRONMENT CHECK LIST

CHRG CODE	TYPE	SYSTEM	QTY.	CHANGED OUT (OR REPLACED)?	YES	NO
①	RECOVERED?		QTY.			
②	RECYCLED?		QTY.			
③	RECLAIMED?		QTY.			
④	RETURNED TO THIS SYSTEM?		QTY.			
⑤	DISPOSAL		QTY.			
⑥	NON USEABLE		QTY.			
⑦	DISPOSAL		QTY.			

ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.75% per month for past due contracts (minimum charge \$15). In the event that collection efforts are initiated against me, I shall pay for all associated fees at the posted rates as well as all cost of collection fees and reasonable attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.

SIGNATURE _____

CERTIFICATION # _____

TOTAL COST 81,400.00

Pre-Approved
 Financing Terms
 Please pay from this invoice
 Work performed C.O.D.