



14420 Dowden Downs Dr. • Haymarket, VA 20169 • Phone: (703) 813-8900 • Fax: (703) 564-9143

info@airnovations.com • www.airnovations.com

PROPOSAL

CONTACT Paul Keyser	SUBMITTED TO Regency Cooperative Association	DATE 06/09/2020
PHONE # 615.419.9600	JOB LOCATION 15536 Fassels Court	AIR NOVATIONS CONTACT Edwin Loureiro
E-MAIL / FAX regencycoop@comcast.net	CITY, STATE ZIP Haymarket, VA 20169	JOB WO #

WE RESPECTFULLY SUBMIT THE FOLLOWING SPECIFICATIONS AND ESTIMATE FOR:

	Regular	Coop
HVAC - Category	Price	Price
One Time Preventative Maintenance	\$99.00	\$75.00
Annual Maintenance Agreement per system (1 Spring PM & 1 Fall PM)	\$150.00	\$105.00
each additional system is 1/2 price	\$75.00	\$60.00
Diagnostics to trouble shoot problem with unit	\$99.00	\$75.00

Virginia Contractor's License in HVAC, Plumbing, Electrical and Gas Fitting: 2705112020

****Air Novations LLC will not be responsible nor will repair any drywall or paint damage**

WE OFFER TO FURNISH MATERIAL AND LABOR AND COMPLETE THE ABOVE IN ACCORDANCE WITH ABOVE SPECIFICATIONS FOR THE SUM OF:

PAYMENT TO BE MADE AS FOLLOWS: DUE UPON COMPLETION

OFFER IS GOOD FOR ONE YEAR EFFECTIVE 06/09/2020

SIGNATURE _____

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. Net payment due as outlined above. Thereafter, this invoice will bear interest rate of 18% per annum until paid. Signatory agrees to pay reasonable attorney fees in the event this invoice is placed in the hand of an attorney for collection, expense of suit, and cost.

A The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

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AUTHORIZED SIGNATURE

_____/_____/_____
DATE OF ACCEPTANCE

AUTHORIZED SIGNATURE