

Date :						
CUSTOMER INFOR	MATION / I	DETAILS				
First Name :	Last Nan	Last Name :		Phone Number :		
Email :	Address	Address:				
City:	State:	State:		Zip Code :		
PLEASE PROVIDE	THE FOLLO	WING IN	FORMAT	ION		
	First Floor	Second Floor	Basement	Additions	Total Sq. Ft.	
Square Footage :						
* Please include square footage	e of Basement if yo	ou want included	d			
Information on your current	unit (i.e., Make, Mo	del, Tons, CFM, є	etc.). Please att	ach image of n	ameplate :	
2. Attached Image of existing H	HVAC system name	eplate :	YES	NO		
3. Does Your Home have central air conditioning :						
	al air conditioning		YES	NO		





Are there any other conditions that would significantly affect heat load or moisture levels (i.e., shower in basement, etc.)?						

