



## Ravinia Plumbing, Sewer, Heating & Electric

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Lincolnshire, IL 60069

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Fax: (847) 831-5694

Since 1928  
License # 055-003586

www.RaviniaPlumbing.com  
info@RaviniaPlumbing.com

### Home Care Club Membership Plan

Please complete this form and mail to the above address to participate in the Home Care Club (HCC) program.

**Option #1:** Monthly credit card charge. We accept Visa, Master Card, Discover, and American Express. We do not accept debit cards at this time.

**First Month (New or lapsed membership):** \$33.00 (\$25.00 set up fee, plus \$8.00 monthly fee)

**Renewal and Each Additional Month:** \$8.00 per month on the 20th of each month.

By signing this form I give Ravinia Plumbing & Heating (RPH) permission to charge my credit card one time for the initial set up fee of \$25.00 and \$8.00 per month until I cancel my membership. This authorizes those transactions only and does not grant authorization to RPH to charge any additional items to my account without my prior authorization.

**Option #2:** Annual membership paid in advance by check or credit card.

**New or Lapsed Membership:** \$121.00 (\$25.00 set up fee plus 12 months at \$8.00 per month)

**Renewing Membership:** \$96.00 (12 months at \$8.00 per month)

Card Number: \_\_\_\_\_

3 digit security number on the back of the card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**OR**

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_

I have read and agree to the terms of the Home Care Club Membership Plan and the warranty specifications, disclaimers, and exclusions contained therein (a copy can be found at [www.ravinia plumbing.com](http://www.ravinia plumbing.com) and click on "Home Care Club"). I understand and agree that RPH may change the terms of, or discontinue the program at any time after giving me 45 days written notice sent by regular mail or email to my address as listed below. I understand that there is a twelve (12) month minimum term of membership and that monthly payments are non-refundable. I can cancel my membership by emailing RPH at info@RaviniaPlumbing.com or by dropping RPH a note in the mail to their office after I've met the twelve (12) month minimum required term. Monthly membership fees will be processed until such time that I cancel the program.

Customer (cardholder) Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(HCC Members are eligible to receive periodic specials via email)

Technician: \_\_\_\_\_