

EFFICIENT HOME SOLUTIONS



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HVAC Contractor's License TACLB37763E

Date _____ Invoice No. EE- _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Work Phone _____

State _____ Zip _____ Email _____

House Sq. Ft. _____ # of Stories _____ Type of Heat _____

Seals/Windows	OK	Need Attn.	Appliances	OK	Need Attn.	Laundry/Bathroom	OK	Need Attn.
Seals - Doors	<input type="checkbox"/>	<input type="checkbox"/>	Energy Star Appliances	<input type="checkbox"/>	<input type="checkbox"/>	Energy Star Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>
Frames - Doors	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator Coil	<input type="checkbox"/>	<input type="checkbox"/>	Lint Vent	<input type="checkbox"/>	<input type="checkbox"/>
Frames - Windows	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator Water Line	<input type="checkbox"/>	<input type="checkbox"/>	Dryer Vent	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficient Thermal Windows	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator Temp Setting	<input type="checkbox"/>	<input type="checkbox"/>	Washer Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Solar Screens	<input type="checkbox"/>	<input type="checkbox"/>	Gaskets and Seals	<input type="checkbox"/>	<input type="checkbox"/>	Aerator/Low Flow Faucets	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			Aerator/Low Flow Faucets	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vents	<input type="checkbox"/>	<input type="checkbox"/>
			Stove Vent	<input type="checkbox"/>	<input type="checkbox"/>	Notes:		
			CO/Fire/Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>			
			Notes:					

Lighting	OK	Need Attn.	Furnace/Handler	OK	Need Attn.	Insulation	OK	Need Attn.
Compact Fluorescent Lamps	<input type="checkbox"/>	<input type="checkbox"/>	Energy Star System	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Insulation	<input type="checkbox"/>	<input type="checkbox"/>
Canister Lights	<input type="checkbox"/>	<input type="checkbox"/>	Programmable Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	Radiant Barrier	<input type="checkbox"/>	<input type="checkbox"/>
Security Lights (time/sensor)	<input type="checkbox"/>	<input type="checkbox"/>	Minimum MERV 8 Filter	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation (soffit vents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Motion Sensor Lights	<input type="checkbox"/>	<input type="checkbox"/>	Ductwork Leaks/Condition	<input type="checkbox"/>	<input type="checkbox"/>	Attic Ladder Seal/Tent	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/Bathroom/Closet	<input type="checkbox"/>	<input type="checkbox"/>	Notes:			Notes:		
Notes:								

Water Heater	OK	Need Attn.	Outdoor Condenser	OK	Need Attn.	Additional Comments
Insulation Blanket	<input type="checkbox"/>	<input type="checkbox"/>	Energy Star System	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe Insulation	<input type="checkbox"/>	<input type="checkbox"/>	Debris on Condenser Coil	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust Vent Clear	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Clearance Around Condenser	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Setting	<input type="checkbox"/>	<input type="checkbox"/>	Visible Moisture Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			Notes:			

PROPOSAL OF SERVICES & PRODUCTS:

Services

Insulation _____ at \$ _____

Radiant Barrier _____ at \$ _____

Duct Sealing _____ at \$ _____

Enlarge Soffit Vents _____ at \$ _____

Add Soffit Vents _____ at \$ _____

Products

Attic Tent _____ at \$ _____

Wind Turbine _____ at \$ _____

Thermostat _____ at \$ _____

Solar Attic Fan _____ at \$ _____

Electric Attic Fan _____ at \$ _____

ESA Agreement _____ at \$ _____

Other

_____ \$ _____

_____ \$ _____

_____ \$ _____

Promotional Offer: (\$ _____)

TOTAL \$ _____

X _____
CUSTOMER SIGNATURE

Circle: AM EX DISCOVER MC VISA	Credit Card # _____	Exp. Date _____	Security Code: _____
Name on Credit Card: _____		Billing Address: _____	

Note: This proposal is good for 30 days. Regulated by the Department of Licensing and Regulations, P.O. Box 12157, Austin, TX 78711 1.800.803.9202 512.463.6599