



WATERPROOFING maintenance PLAN



330-454-8066 • 4221 16th St SW, Canton, OH 44710 • pioneerbasementsolutions.com

Effective Date: _____

PLAN LENGTH:

1 YEAR 2 YEAR 3 YEAR 5 YEAR

Call for Current Pricing

MEMBER NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

exterior INSPECTION

- ⇒ Grade for correct slope
- ⇒ Check for signs of gutter/downspout problems
- ⇒ Sidewalks & driveways for cracks
- ⇒ Driveway drain/storm drain
- ⇒ Outside discharge line for proper drainage (if present)
- ⇒ Basement windows, egress, window wells

interior INSPECTION

- ⇒ Inspection primary sump pump (amp draw reading)
 - ⇒ Teste switch for proper operation, ensure intake is clear of debris, test for AMP draw efficiency
- ⇒ Inspect Backup pump
 - ⇒ Test switches for proper operation, clear intake
- ⇒ Inspect & test backup battery
- ⇒ Inspect discharge line, check valves, clean basin of silt & sediment
- ⇒ Inspect foundation walls of deflection
- ⇒ Check foundation walls for cracks & leaks
- ⇒ Inspect existing carbon fiber, crack injection, or stabilizer applications
- ⇒ Test humidity level
- ⇒ Inspect dehumidifier/humidifier

Additional benefits include:

- **1 VISIT** per year to check the health of your basement
- **50% OFF** sump pump replacement, a \$250 value
- **10% OFF** all products and replacements



WATERPROOFING MAINTENANCE PLAN

Recurring Credit Card Charge Authorization

I authorize Pioneer Basement Solutions to charge my credit card account on a yearly basis for amounts I owe. I understand that this authorization is valid until either this authorization or provided services are canceled. I also understand this authorization is for the established yearly rate only, and that payment of additional work is not included in this authorization.

I agree to notify Pioneer Basement Solutions of any changes to my credit card account information. I also agree that electronically transmitted (e.g. faxed, emailed) copies of this agreement shall be deemed to be the original.

Please print and sign this form and return it by email to info@pioneerbasementsolutions.com

Or mail it to:

Pioneer Basement Solutions
4221 16th St SW
Canton, OH 44710

Full Name and/or Company Name:

Card Billing Address:

City, State, Zip:

Phone #'s (Please at least 2):

Credit Card: ___ Visa ___ M/C #:

Expiration Date: CVV2 (3-digit code on the back):

Cardholder Name:

Amount of Authorization: \$_____ per year, plus 4% credit card processing fee (Call for pricing)

I ("Cardholder") hereby knowingly authorize Pioneer Basement Solutions to charge the amount indicated above to my credit card yearly, on the maintenance plan effective date. The credit card account information provided herein shall be used only for the intended purpose as authorized. Cardholder shall indemnify and hold Pioneer Basement Solutions harmless from all loss, damages, expense or liability in connection with such authorized use of the above said credit card. Any use by Pioneer Basement Solutions is limited to sales and/or services provided to the Cardholder. All information disclosed herein is true and correct, without exception. In the event the information disclosed in the credit card authorization form is in any way incorrect, false or fraudulent, the Cardholder shall be liable for all costs, expenses and attorney fees incurred in protecting Pioneer Basement Solutions' rights and interests. Pioneer Basement Solutions shall not be liable to the Cardholder for any incidental, consequential, special or punitive damages arising out of this authorization. Cardholder agrees to pay the amount indicated above until canceled or revised by a later authorization. This authorization supersedes all prior recurring payment authorizations. Pioneer Basement Solutions reserves the right to refuse or cancel service to anyone and change restrictions with out notice.

X _____

Card Holder's Signature

Date