



Preventive Maintenance Agreement

Property/Facility _____ Contact _____

Address _____ Email _____

City/State/Zip _____ Phone(s) _____

This Preventive Maintenance Agreement will cover the servicing of the listed equipment at your facility. This service will be as follows: 1) Operational Inspection, 2) Visual Inspection, 3) Lubrication, 4) Calibration, 5) Internal Inspection & Cleaning, 6) Notation of Service in Logbooks, and 7) Notation of Equipment Status.

MFS will provide further product support with the following services:

1. A written report on the status of the equipment listed.
2. A maintenance notebook showing the equipment files and service performed.
3. Any technical phone support needed for your maintenance staff.
4. Most common wear and tear parts are kept in stock to prevent lengthy down time.
(MFS authorized manufacturers.)
5. Will use only factory replacement parts on any repair, unless other specified or approved by customer or manufacturer.

Suggested repairs can be made to the equipment by MFS service department at our current labor rate plus any additional charges, such as parts, mileage, trip charges, hotel expenses, etc.

This agreement is strictly preventive in nature, intended to keep your facility as operational as possible by drawing attention to its present status. This agreement does not cover abuse, vandalism, normal wear and tear, external cleaning, or any acts of God resulting in failure of equipment, nor does it include the cost of parts, shipping, or labor charges associated with a repair not specified by this agreement. MFS reserves the right to refuse service on certain manufacturers.

PMA Equipment List: (See Exhibit A)

MFS will service the equipment listed on Exhibit A on a monthly, quarterly or bi-annual basis. The charge for this Preventive Maintenance Agreement will be:

\$ _____ per visit + (applicable sales tax) \$ _____ = Total \$ _____ for Monthly

Quarterly Bi-Annually starting _____, 20__ and ending _____, 20__ (one year).

Also, if your ownership requires any additional insurance coverage (i.e. waiver of subrogation or to be named as an additional insured), these charges will be billed in addition to this estimate total.

Prices are subject to change with a 30-day notice.

THIS AGREEMENT MAY BE CANCELED BY EITHER PARTY WITH A 30-DAY WRITTEN NOTICE.

Billing for the services will be due upon invoice. A delinquent account will void this agreement.

Please remit payment to: Momentum Fitness Solutions 2723 San Marco Lane, League City, TX 77573

Facility Agent _____ Date _____

MFS Agent _____ Date _____