BRIGHTER HOMEZ

Brighter Homez Management LLC

Home Repair Plan Application

Customer Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Preferred Start Date of Service Plan: _____

Date of last Service Plan **(Please list N/A if this is your first Home Repair Plan):** _____

Repair Plan Selection

	YES	NO
Basic Repair Plan	☐	☐
Basic Advanced Repair Plan	☐	☐
Total Repair Plan	☐	☐

Adding Additional Appliances

Pick 3, Pay for 2

Customize your coverage – add 2 appliances to your Basic Repair Plan and get the 3rd appliance absolutely free for one year!

Offer for eligible select Basic Repair Plan customers. Free appliance option will renew automatically at current price at the end of 12 months unless cancelled by the customer.

	YES	NO
Refrigerator	☐	☐
Electric Range	☐	☐
Window Air Conditioner Unit	☐	☐
Dishwasher	☐	☐

Please list the current customer of Brighter Homez Home Repair Plan that referred you.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

*I have read and agree to the terms and conditions. **

Signature: _____ Date: _____