



Custom Gate & Iron

### MAINTENANCE AGREEMENT

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ABERDEEN OFFICE USE:**

Description of gate system: \_\_\_\_\_

Annual Agreement Start Date: \_\_\_\_\_

Per this agreement, Aberdeen Gate will semi-annually perform the following routine maintenance:

- 1) Inspect gates for any damage (gate repair is not covered)
- 2) Check entrance system (i.e. telephone entry, keypads, card access, etc.)
- 3) Oil and grease hinges if applicable
- 4) Check wear of belts, chains and sprockets
- 5) Inspect electrical connections and wiring harnesses
- 6) Check for corrosion (clean if any found)
- 7) Apply anti-corrosive spray to terminals (if needed)
- 8) Look for signs of rodents or insects (address if found)
- 9) Tighten bolts as needed
- 10) Reseal driveway loops if necessary
- 11) Test and operate system
- 12) Test battery backup system if applicable
- 13) Assess if system is still UL 325 code compliant
- 14) Send follow up report

*NOTE: These routine checks/maintenance are performed on days/times set by Aberdeen Gate in February and August. We will let you know when we are coming and give you a report upon completion.*

NOT included in this agreement:

- Parts that need to be replaced that are no longer under factory warranty. If any out-of-warranty parts are needed, we will contact you. If you cannot be reached, we will suggest the replacement parts in our report.
- Acts of God (tornados, lightening, rain, etc.), vandalism, vehicle destruction, pest harm, equipment abuse, or other damages out of our control.
- Emergency repairs, which should be minimized or near non-existent with this routine maintenance.

Owner/Representative \_\_\_\_\_ (print name) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Aberdeen Representative \_\_\_\_\_ (print name) Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

Annual Agreement - \$250  
*For multiple operators, add \$75/operator within a 5 mile radius.*

TOTAL: \_\_\_\_\_

Please send invoice.

Paid with check # \_\_\_\_\_

Credit Card:

# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Card Billing Zip Code \_\_\_\_\_

*Return to:  
Aberdeen Gate & Iron  
P.O. Box 1733  
Weatherford, TX 76086*