



2650 N. Lakeview: Fan Coil Sign Up Form

Thank you for choosing Unilux to replace your aging HVAC fan coil units.

To sign up, please order here <https://uniluxpayments.com/2650nlakeview> (preferred) or complete the below form. Payments will be processed upon receipt. Deliver the form and deposit check (if applicable) to Unilux at:

Unilux Suite Solutions
 5545 N. Northwest Hwy
 Chicago, IL 60630

Step 1:

Please enter desired quantity and model #s. To determine quantity and model #, please refer to the accompanying floor plan. **Please calculate the subtotal and deposit amount (teal columns) and the total deposit amount (green).**

| Product | Quantity | Cost Per | Subtotal | Deposit % | Deposit Amount |
|---|----------|-------------|----------|-----------|----------------|
| Option 1 -- Fan Coil Replacement Model 600/800 CFM - 2650 | | | | | |
| Includes New Access Door Panel | | X \$5,900 = | | X30%= | |
| Option 2 -- Access Panel Door Replacement ONLY | | | | | |
| Includes Complimentary Fan Coil Audit | | X \$585 = | | X30%= | |
| Ecobee Smart Premium Pro Thermostat Upgrade (Optional) | | X \$275 = | | X30%= | |
| Extended Warranty (Optional) | | X \$395 = | | X30%= | |
| Total | | | | | |

Step 2:

Please choose a payment option:

- Payment Option A:

- 30% down payment required during sign-up period.
- Remaining 70% balance due upon completion.
- No Financing

- Payment Option B:

- 30% down payment required during sign-up period.
- Remaining 70% balance split across 12 equal monthly payments.
- Additional \$300 finance charge will be added to total cost. There is 0% interest.

- Payment Option C (for purchases that include FCUs ONLY):

- 0% down. 100% of financing through our banking partner, Regions Bank.
- Entire Cost of Fan Coil and Accessories purchase can be financed at 9.99%* for 5 years* (*subject to prevailing interest rates and credit approval).
- Unilux will contact you to provide further instructions.



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Step 3.

Please complete the form below by **Sunday May 31st, 2026**

If paying by credit card: the deposit will be charged upon receipt. The balance will be charged after installation.

If paying by check: deliver a check for the deposit amount along with this form to the management office. We will call you to collect the balance after completion.

| | |
|--|---|
| Name of Suite Owner(s): | |
| Installation Address: | 2650 N. Lakeview |
| Suite # | |
| 30% Total Deposit Amount (calculated on previous page in green column) | |
| Phone # | |
| Email Address: | |
| Payment Method: <i>(Check or Credit Card)</i> | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p><u>Credit Card</u></p> </div> <div style="text-align: center;"> <p><u>Check</u></p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 30px; height: 30px; border: 1px solid green;" type="checkbox"/> <input style="width: 30px; height: 30px; border: 1px solid green;" type="checkbox"/> </div> |
| Payment Details: <i>If paying by check, please make check payable to "Unilux Suite Solutions". Payment must be included at time of order.</i> <i>If you would like to leave your credit card details blank for privacy concerns, we can call you to take them over the phone.</i> | <p>Check #</p> <p>Credit Card Holder Name:</p> <p>Credit Card #</p> <p>Exp. Date:</p> <p>CVC Code:</p> <p>Billing Address for Credit Card:</p> |
| Owner's Signature: | |
| Date of Acceptance: | |

Questions? Call or email us at

P. 800-337-3967 | **E.** info@uniluxsutesolutions.com