



CAC058062 •CFC042998•

800.535.4505•727.868.4636

8950 New York Ave., Hudson 34667

Quality is our most important product.

Home Energy Audit

Customer Name(s) _____

Address _____

City _____ Zip _____

Phone _____

E mail _____

Comfort Advisor _____

Date _____ Time _____

Please take a few moments to complete this questionnaire. It will help in two ways: 1. You will receive the best possible home comfort options because our professional Comfort Advisor will be able to pinpoint the system for your home that best meets your needs. 2. The process will move along quickly as we perform our home energy audit concurrent with this survey.

Thank you for allowing Bayonet the opportunity to serve you.

Home Construction Section

1. Do you own or rent your home? _____
2. How long do you plan to be living in the home? _____
3. How long have you lived in the home? _____
4. Do you know how old the home is? _____
5. Do you know how old the AC or heat pump is? _____
6. Has the home ever had insulation added? Yes No When? _____
Where _____ Factor/Rating/Type _____
7. Has the home had new windows or doors? Yes No When? _____
Where _____ Factor/Rating/Type _____
Where _____ Factor/Rating/Type _____
8. Has the home had air sealing and penetrations caulked? _____
9. Has the home been remodeled? Yes no _____
10. Plans to do so? Please describe _____

Home Comfort Needs Section

1. How did you come to choose Bayonet? _____
2. Why are you considering a new system? _____

3. Are you interested in a cheaper system or the best value available?
 Cheapest Best Value

4. Please check the items on the list that are important to you.

- | | |
|------------------------------|-------------------------------|
| ◇ Quality Products | ◇ Financing Flexibility |
| ◇ Environmentally Friendly | ◇ Low Future Repair Costs |
| ◇ Quiet/Low Sound | ◇ Brand Name Options |
| ◇ Saving Money on Utilities | ◇ Newest Technology |
| ◇ Low Monthly Payments | ◇ After the Sale Service |
| ◇ High Efficiency Products | ◇ Improved Indoor Air Quality |
| ◇ Safety | ◇ Least Expensive Price |
| ◇ Appearance with home | ◇ Rebates/Incentives |
| ◇ Best warranty & guarantees | ◇ Return on investment |
| ◇ Lowest Operating Cost | ◇ Comfort in the Home |

5. Please list only the top five in priority...

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

6. Does anyone in the family have allergies? _____ yes _____ no

If yes, to what degree/triggers _____

Whole House Energy and Comfort Options Section

1. Are you familiar with the Energy Star program from the EPA? _____ yes _____ no
2. What budget range did you have in mind?
◇ \$3,000 to \$4,000 ◇ \$4,000 to \$6,000 ◇ \$6,000 to \$8,000 ◇ above \$8,000
3. Are you planning to accept other estimates? Yes _____ No _____
4. Do you have a process to compare your research? Yes _____ No _____
5. If not, would you like one? Yes _____ No _____
6. If we can design the best system that meets all of your family needs and provide comfort, energy savings, and the safest, most reliable system, can we ask for your business today?
Yes _____ No _____