AMERICA SMART HOME INC.

PHONE #: 909-699-2799
E-MAIL TO: SERVICE@ASHSOLUTION.COM

POOL/SPA OPENING

Name: _____ Phone#: _____E-mail: _____.

Address: _____City:_____State: _____ Zip: _____.

Emergency Contact: _____Emergency phone #: _____.

OPENING SERVICES:

- Removal of the cover & water bags. Clean cover with a deodorizer (cover will be folded and left poolside unless specified). We do not power wash the cover.
- Install ladders & handrails - We do not install diving boards.
- Reassemble and activate the filter system for summer operation.
- Chemically treat the water with included shock & clarifier.
- Test the water for balance.
- The heater pilot will be lit and tested. (If the pilot will not stay lit or will not fire up, a separate service call will need to be scheduled with an extra charge).

OPENING SERVICES	PRICE	TAX	TOTAL	CHECK
OPENING A (Grecian & Rectangle Size up to but not including 20x40)	$320.00	$21.20	$341.20	
OPENING B (Grecian & Rectangle Size 20x40 & up)	$360.00	$23.85	383.85	
ATTACHED SPA	$140.00	$9.28	$149.28	
DETACHED SPA	$340.00	$22.53	$362.53	
WATERFALL - SMALL	$50.00	$3.31	53.31	
WATERFALL - LARGE	$100.00	$6.63	$106.63	
REMOVE WATER/DEBRI/LEAF OFF THE COVER	$120.00	$7.95	$127.95	
POOL VACUUMING	$120.00	$7.95	$127.95	
FILTER CLEANING	$140.00	$9.28	$149.28	
HEATER CLEANING	$210.00	$13.91	$223.91	
CLEAN SALT GENERATOR CELL	$120.00	$7.95	$127.95	

POOL SIZE

Pool Dimensions:_____.

Approx. Gallons:_____.

POOL TYPE

- ☐ Vinyl
- ☐ Concrete
- ☐ Fiberglass

COVER TYPE

- ☐ Solid
- ☐ Smart Mesh
- ☐ Regular Mesh
- ☐ Water Bags
- ☐ Automatic

BEFORE WE ARRIVE:

- Remove water, leaves and debris off the cover.
- Technicians must have access to the pool. Either someone must be home or the gate must be left unlocked.
- Turn on the outside water supply and electric supply. All breakers must be on.
- Ladder, handrails & skimmer basket must be available poolside for installation.
- Water level must be up to the middle of the skimmer.

TYPE OF CREDIT CARD: AMEX VISA MASTERCARD DISCOVER

Card #: _____Cardholder's Name: _____.

Exp. Date: _____Auth. Code:_____.

I, the undersigned, authorize America Smart Home Inc. to use the above listed credit card for payment upon completion of service. I understand that future service/work orders will be invoiced with this credit card on file and that if a check is not presented at the time of completion of work the card will be run for payment.

Signature: _____ Date: _____.

Payment Policy: Payment is due in full upon completion of service. All customers must provide a valid credit card on file for payment and provide authorization of payment to America Smart Home Inc. All open account balances must be paid in full prior to the new service. The card provided will be used for all future/additional services provided. Credit cards will be charged upon completion of service. If you wish to pay by check or cash, you must provide that payment to the service technicians on the day of service. If you are not home and/or do not give a check or cash to the service technicians at the time of service, your credit card will be charged.