AMERICA SMART HOME INC.
PHONE #: 909-699-2799
E-MAIL TO: HWAPPLIANCES@GMAIL.COM

POOL/SPA SERVICE

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

Address: _____City:_____State: _____ Zip: _____.

Emergency Contact: _____Emergency phone #: _____.

SERVICE INCLUDES (Up to 1 Hour):

- Clean/Empty the Skimmer & Pump Baskets.
- Vacuum the pool
- Brush the pool walls, floor, steps, attached spa, buddy seat.
- Check the filter & pump for proper operational condition.
- Backwash & rinse the filter media.
- Refill the Chlorine tablets provided by the customer.
- Shock the pool when needed at an additional chemical cost.
- Chemically treat & balance your water at an additional chemical cost.
- Make recommendations regarding the upkeep of the pool equipment.
- Collect water samples before chemicals are added.

CHECK ONE:

- ☐ Weekly: $110 + Tax (**ONE** visit per week, **FIVE** visit minimum)
- ☐ Bi-Weekly: $120 + Tax (**ONE** visit per **TWO** weeks, **FIVE** visit minimum)
- ☐ Monthly: $150 + Tax (**ONE** visit per month)
- ☐ Summer Watch: $130 + Tax (if you will be away)

Bi-Weekly: Customers are responsible for maintaining the pool on the off week in which we do not service to avoid additional costs.

Summer watches will need an emergency phone # and contact other than you in case your electricity goes out while you are away. They MUST have access to the breaker board.

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.

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: _____.

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.