



1147 Smithbridge Rd
Chadds Ford PA 19317
610-459-3730
Fax 610-358-3070
Contractor # PA005210

MAINTENANCE AGREEMENT AS OF 1/4/2019

FULL MAINTENANCE OF POOL OR POOL WITH ATTACHED SPA

POOLCARE SPECIALISTS, INC. agrees to service the pool/spa listed below. The owner agrees to pay for the service as outlined below and in accordance with the terms set forth in this agreement. PLEASE NOTE: WE ARE NOT RESPONSIBLE FOR WATER LEVEL, the customer must maintain proper water level at all times.

Backwash/clean filter grids/cartridges when needed Skim water surface to remove floating debris Brush tile in the pool regularly Vacuum and brush pools walls and floor as needed Remove and clean strainer baskets as needed. Maintain a clean filter and pump area Test & adjust water chemistry. We will use your chemicals. Any chemicals that POOL CARE SPECIALISTS, INC. provides will be discounted 10% off the prevailing retail price.

The fee for this service is \$95.00 per visit for WEEKLY maintenance.

Approval _____

The fee for this service POOL with a SEPARATE SPA is \$115.00 per visit for a WEEKLY maintenance.

Approval _____

The fee for this service is \$125.00 per visit as a BI-MONTHLY maintenance.

Approval _____

The fee for this service POOL with a SEPARATE SPA is \$145.00 per visit for a BI-MONTHLY maintenance.

Approval _____

CHEMICAL CHECK MAINTENANCE

POOLCARE SPECIALISTS, INC. agrees to service the pool/spa listed below. The owner agrees to pay for the service as outlined below and in accordance with the terms set forth in this agreement. PLEASE NOTE: WE ARE NOT RESPONSIBLE FOR WATER LEVEL, the customer must maintain proper water level at all times.

Maintain a clean filter and pump area/Test & adjust water chemistry. We will use your chemicals. Any chemicals that POOL CARE SPECIALISTS, INC. provides will be discounted 10% off the prevailing retail price.

The fee for this service is \$80.00 per visit Approval _____

Please circle appropriate frequency WEEKLY or BI-MONTHLY.

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Name (please print): _____

Site Address: _____ City/ST/Zip _____

Signature _____ Date _____ Scheduled in Chadds Ford PA 19317

Charge my Credit Card in file []

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. Jennifer DiNunzio Vice President