



Swim Clean Inc.

49 GLEN HEAD RD., GLEN HEAD, NY 11545
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Visit our Website: www.swimcleaninc.com

Weekly Maintenance Contract 2012 Season

*** PLEASE CIRCLE AND INITIAL YOUR SELECTION ***

1. WEEKLY VACUUM AND CHEMICAL MAINTENANCE consists of a single weekly visit to:

- ❖ Power vacuum pool
- ❖ Empty skimmer basket(s)
- ❖ Skim pool surface
- ❖ Brush walls and floor
- ❖ Backwash system (if necessary)
- ❖ Test water chemistry and add customers chemicals

If there is a spa separate from pool that you wish serviced, please check box. There is an additional charge of \$ 15.00 for service on the spa. Spas attached to pools are no charge.

<u>MAINTENANCE DAY</u>	<u>WEEKLY PRICE *</u>
MONDAY _____	\$ 56.95
TUESDAY _____	\$ 58.95
WEDNESDAY _____	\$ 60.95
THURSDAY _____	\$ 62.95
FRIDAY _____	\$ 64.95

* (pools 20 x 40 or smaller)

2. WEEKLY POOL OR SPA CHEMICAL MAINTENANCE ONLY _____ \$ 49.95

- ❖ Empty skimmer basket(s)
 - ❖ Backwash system (if necessary)
 - ❖ Test water chemistry and add customers' chemicals
- Great for In-ground pools with self-cleaning systems, Above ground pools and Spas*

TERMS AND CONDITIONS

★Reservations for weekly maintenance will not be accepted without a signed contract accompanied by a **\$200.00 deposit**. Deposits will be applied to your last weekly maintenance invoice of the season. Please make checks payable to **SWIM CLEAN, INC.** and return as soon as possible. **SWIM CLEAN, INC.** reserves the right to change your maintenance day.

★**IMPORTANT!** Weekly services will be billed every four (4) weeks and are **due upon receipt of invoice**. Balances 30 days past due will result in suspension of service. The customer will be responsible for extra costs incurred for adjusting water chemistry as a result of suspended service.

★I authorize the work described above to be performed on my swimming pool and/or spa by **SWIM CLEAN INC.** I understand all of the terms and conditions of this contract, and further agree to be bound by all said terms and conditions. Prices shown do not include, but are subject to N.Y.S. sales tax.



CUSTOMER MUST GIVE AT LEAST ONE WEEKS NOTICE FOR STOPPING SERVICE AT YEARS END.

Signature **X** _____ Date _____

NAME _____ DEPOSIT ENCLOSED \$ _____

POOL ADDRESS _____

BILLING ADDRESS (if different) _____

HOME PHONE _____ WORK PHONE _____

FAX _____ CELL _____ E-MAIL ADDRESS _____

FOR CREDIT CARD DEPOSITS OR PAYMENTS SEE REVERSE SIDE.



Swim Clean Inc.

Credit Card Payment Authorization Form

We accept Visa, MasterCard, Discover and American Express

CHECK ONE

ONE TIME ONLY PAYMENT

PAYMENT AMOUNT

\$

AUTOMATIC PAYMENT

CUSTOMER NAME: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS ON
CREDIT CARD STATEMENT: _____

CARD TYPE : VISA MASTERCARD DISCOVER AMEX

CREDIT CARD #: _____

EXPIRATION DATE: ____/____

SIGNATURE _____ DATE _____