

POOL SERVICE AGREEMENT



RVA POOL PROS, LLC

2501 Mt Airy Rd.
Louisa, Virginia 23093
Phone: 804-720-0747



Client Information

Name:	Phone:
Address:	City, State, Zip:
Email:	

Pool Information

In Ground: _____ Above Ground: _____	Size: _____	Shape: _____	Gunite: _____	Liner: _____
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Filter Information

Sand: _____ DE: _____ Cartridge: _____	Chlorine: _____	Baquacil: _____	Salt: _____
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Maintenance Frequency & Day Preference (We will do our best to accomodate your preferences.)

One-Time: _____ Daily: _____ Weekly: _____ BiWeekly: _____	Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____
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Services To Perform

<input type="checkbox"/> Vacuum	<input type="checkbox"/> All Baskets Cleaned	<input type="checkbox"/> Clean Tile
<input type="checkbox"/> Skim Surface	<input type="checkbox"/> Test Water	<input type="checkbox"/> Backwash Filter
<input type="checkbox"/> Pool & Equipment Inspection	<input type="checkbox"/> Add Chemicals (Not included with Openings, Closings or Commercial.)	
<input type="checkbox"/> Pool Opening Date: _____	<input type="checkbox"/> Pool Closing Date: _____	

Directions/Special Instructions

*** Payment Disclaimer - All Credit Card payments are subject to a 3% processing fee ***

Payment Method: _____ Cash _____ Check _____ CC _____ Invoice	Card Number: _____	Expiration Date: _____
Cardholder Name: _____	Signature: _____	Date: _____
Payment to be made as follows: _____ At time of service _____ Weekly _____ Monthly		

Your acceptance of this agreement by signature below and return of the contract to our office will constitute a contract entered in accordance with the conditions, charges and terms outlined within this contract.

Note: this contract must be completed and returned before the pool service can be scheduled. It is suggested that this agreement be returned promptly to insure a reasonable service date.

Signature: _____

Date: _____