



mail to:
1220 Route 130
Robbinsville, NJ 08691



609-448-3366
Fax 609-448-5414



POOL OPENING CONTRACT

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 _____ Cell Phone: _____
 E-mail: _____

National will provide as follows:

Remove and fold cover • start up filter • check for leaks • add start up chemicals • install handrails and ladders
Does not include washing cover or putting cover away!
National Pools & Spas is not liable for damage due to freezing or normal wear and tear. Owner agrees to pay for any additional work or materials agreed upon by owner and National Pools. Additional services not included in contract will be billed at time and material.

Owner is responsible for:

Water level (must be at middle of skimmer) • Removal of water from cover
 Accessories to be left out (i.e.: ladder, handrails, etc.) • Electric to be turned on and DE to be left out

Due to popular demand, START UP CHEMICALS (SHOCK & ALGAEICIDE) are now included with opening price. Additional chemical treatment may be required at homeowner's expense.

As always, water testing for our customers at our retail stores is **FREE!**

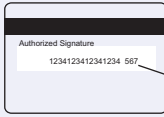
PLEASE SPECIFY IF YOU ARE CURRENTLY USING CHLORINE, REVACIL®, OR OTHER.
 (CIRCLE THE APPROPRIATE ONE)

PRICE LIST

Open Pool (Concrete, Vinyl or Fiberglass - Circle One)	\$349.00	_____
Open/Close Pool Combo Deal	\$655.00	_____
<i>(Includes opening waterfall and infloor cleaning system @ no charge)</i>		
with attached spa (shared equipment)	Open \$60.00 / Close \$60.00	_____
Infloor Cleaning System <i>(anything over 2 heads)</i>	Open \$35.00 / Close \$75.00	_____
Masonry Waterfall	Open \$35.00 / Close \$75.00	_____
Pump water from cover	\$125.00 per hour	_____
Diatomaceous Earth (25 pound bag)	\$23.95	_____
Revacil Kit: (see page 7)		_____
Chlorine Kit: (see page 7)		_____

Free delivery at time of opening.

CREDIT CARD INFORMATION (for 50% Deposit)
 TYPE: MC VISA DISCOVER
 Card Number: _____
 Exp. Date: _____
 Security # (CSC): _____



Credit Security Code (CSC)
 The CSC is 567

Sub Total _____
 7% tax + _____
 Total _____
 50% deposit - _____
 Balance due at time of opening _____

Approximate date customer would like pool opened: ____ / ____ / ____

Combo Deal Customers - Approximate pool closing date: ____ / ____ / ____

THIS ORDER CAN NOT BE PROCESSED UNLESS 50% DEPOSIT IS INCLUDED.



COMBO PACKS

FULL SEASON SERVICE

Open Pool, Close Pool, 16 Weekly Visits (Chemicals Extra)\$1,750.00 with attached Spa add \$150.00
 w/Masonry Waterfalladd \$150.00
 w/Infloor Systemadd \$100.00

WEEKLY SEASONAL SERVICE

16 Weekly Visits (Chemicals Extra).....\$1,250.00 with attached Spa Add \$175.00
 w/Masonry Waterfalladd \$175.00

OPENING OR CLOSING PACKS

Pool Opening/Closing.....\$349.00 / \$389.00
 Combo Deal - Opening/Closing\$655.00
 (Includes opening waterfall and infloor cleaning system @ no charge.)

ADDITIONAL SERVICES

One Time Service Visit (Vacuum Pool, Clean Baskets)\$125.00 per hr.
 Homeowner Pool Training\$150.00/first hr.; \$100.00/add'l. hr.
 Removal of leaves from pool cover (prior to opening)\$125.00 per hr.
 Filter Cleaning (DE or Cartridge) (chemicals Extra) (cleaned at homeowner's property)\$125.00
 Filter Cleaning (Sand Filter - change sand) (Sand & Chemicals Extra)\$300.00
 Service Call (Chemicals, Parts & Labor Extra).....\$125.00
 Residential Pool Inspection
 (Visual inspection of pool components with written report regarding visuals)\$300.00 for pool
 add'l. \$ 25.00 for every add'l. body of water



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WEEKLY SEASONAL SERVICE AGREEMENT

This agreement is for the seasonal service of a swimming pool between NATIONAL POOLS & SPAS

(the CONTRACTOR) and (cust. name) _____

Residing at: (address) _____

City, State, Zip _____

Home Phone # (_____) _____ - _____ Cell # (_____) _____ - _____

E-mail: _____

The OWNER wishes to purchase from the CONTRACTOR and the CONTRACTOR wishes to sell a seasonal service program to the owner consisting of 16 weeks. (Memorial Day thru Labor Day.)

The summer pool service program includes the following:

1. Vacuuming pool and spa (if attached)
2. Skimming
3. Empty Strainer and pump baskets
4. On site water testing and monthly computer testing
5. Perform necessary water chemistry adjustments using customer's chemicals. If chemicals are needed, National will supply and bill the customer monthly.
6. Inspect pool and equipment, will notify customer of potential or existing problems.
7. Backwash DE/Sand Filter, rinse Cartridge Filter, if necessary. DOES NOT include acid cleaning filter elements.
8. Weekly service to be scheduled Monday thru Friday.

KINDLY FILL OUT SERVICE AGREEMENT

**50% deposit required at time of signing.
Balance due one month from start of service.**

CURRENTLY USING: CHLORINE REVACIL OTHER

POOL INFORMATION: CONCRETE VINYL FIBERGLASS SIZE _____ X _____

WATERFALL: YES NO

ATTACHED SPA: YES NO

PUMP & FILTER TYPE _____

SERVICE START DATE: _____

ADDITIONAL NOTES: (Preferred day if possible) _____

CREDIT CARD INFORMATION

TYPE: MASTERCARD VISA DISCOVER

CREDIT CARD # _____ EXP. DATE _____ / _____ SECURITY (CSC) # _____

CUSTOMER SIGNATURE: _____ DATE _____

PRICING

Subtotal: _____
Tax: _____
Total Due: _____
50% Deposit: _____
Balance Due: _____

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FULL SEASONAL SERVICE AGREEMENT

This agreement is for the seasonal service of a swimming pool between NATIONAL POOLS & SPAS

(the CONTRACTOR) and (cust. name) _____

Residing at: (address) _____

City, State, Zip _____

Home Phone # (_____) _____ - _____ Cell # (_____) _____ - _____

E-mail: _____

The OWNER wishes to purchase from the CONTRACTOR and the CONTRACTOR wishes to sell a seasonal service program to the owner consisting of 16 weeks. The summer pool service program includes the following:

1. Open Pool - Remove and fold cover - start up filter - check for leaks - add customers start up chemicals - install handrails and ladders. **Does not include washing cover.** National Pools and Spas is not liable for damage due to freezing or normal wear and tear. Owner agrees to pay for any additional work or materials agreed upon by owner and National Pools. Additional services not included in contract will be billed at time and material. **Owner is responsible for: Water level (must be at the middle of the skimmer). Removal of water from cover, (cover must be free of water and debris).**

2. Vacuuming pool and spa (if attached)
3. Skimming
4. Empty Strainer and pump baskets
5. On site water testing and monthly computer testing
6. Perform necessary water chemistry adjustments using customer's chemicals. If chemicals are needed, National will supply and bill the customer monthly.
7. Inspect pool and equipment, will notify customer of potential or existing problems.
8. Backwash DE/Sand Filter, rinse Cartridge Filter, if necessary. DOES NOT include acid cleaning filter elements.
9. Weekly service to be scheduled Monday thru Friday.
10. Close Pool- Blow out return lines and filter - Remove plugs and drain filter - remove ladders and handrails - add winterizing chemicals - Revacil customers should bring level up to 50 ppm - Revatop and Revablue included in the price of closing (Revacil sanitizer NOT INCLUDED). The pool & cover must be cleaned by the customer - Pools with ceramic tile must have water level drained to and maintained at 6" below the tile - Install the customer's cover, plug & gizmos - If the pool is not cleaned, National Pools cannot assure that the water will

stay clean or not stain the bottom. If you have a solar cover, it must be off the pool before we arrive. National Pools & Spas is not liable for damage due to excess water build-up on cover or damage due to ice. Customer agrees to keep no more than 6" of water on cover.

KINDLY FILL OUT SERVICE AGREEMENT

50% deposit required at time of signing. Balance due one month from start of service.

CURRENTLY USING: CHLORINE REVACIL OTHER

POOL INFORMATION: CONCRETE VINYL FIBERGLASS SIZE _____ X _____

WATERFALL: YES NO

ATTACHED SPA: YES NO

PUMP & FILTER TYPE _____

SERVICE START DATE: _____

ADDITIONAL NOTES: (Preferred day if possible) _____

PRICING

Subtotal: _____

Tax: _____

Total Due: _____

50% Deposit: _____

Balance Due: _____

CREDIT CARD INFORMATION

TYPE: MASTERCARD VISA DISCOVER

CREDIT CARD # _____ EXP. DATE _____ / _____ SECURITY (CSC) # _____

CUSTOMER SIGNATURE: _____ DATE _____