

AUTHORIZATION FOR W.O.W. MONTHLY SERVICE
Time Period Covered by Contract: April 2011 to April 2012

*Name:
*Address:
*City, Zip Code:
*Phone:
*Work/Pager/Cell:
*Maintenance for (please circle): Pool Spa
*E-mail address:

*Required Information, please fill in any missing information above

Scope of work: Monthly water testing service or W.O.W. (Water on Wheels) will provide one trip per month to test and balance water. This is a great way to protect your warranty.

Client is responsible for maintaining the water level, as well as, all cleaning and maintenance of the swimming pool and/or spa.

Terms: As we begin the process of eliminating monthly billing which has become prohibitively expensive, new payment terms more in line with modern business practices are necessary. Weekly pool and spa maintenance customers must have a valid credit card on file before service starts and an e-mail address for monthly statements to be sent to for your records. A surcharge of \$2.50 will be added to accounts that need to have statements delivered by the US Postal service. Should a credit card become invalid or expire during the term of service you will be notified. Service may be discontinued until card is reinstated or a new one provided. We thank you for your cooperation in advance. We have the latest security protection in place on our computer system. Your information will not be shared.

Termination of Contract: Customer has at his or her sole discretion, the right to terminate this contract upon giving two weeks written notice or e-mail notice to our service department. Anderson Pools, at its sole discretion has the right to terminate this contract if the pool or spa becomes unserviceable and customer fails to authorize the necessary repairs so the pool can be properly maintained.

**Pool Maintenance Technicians will not make any repairs.
 Certified Technicians in our Service Department will do these repairs.**

Current Rate: \$per trip plus chemicals

 For the time period outlined above, I authorize Anderson Concrete, Inc. to do weekly pool maintenance on my pool and/or spa. I understand and agree to the payment terms, and guarantee payment as outlined above. This original copy signed by me, or us, for joint accounts, will remain on file as authorization to perform requested pool maintenance services.

Signed: _____

Date: _____

Anderson Pools and Spa's Copy

Customer's Copy