



2009 Weekly Spa Maintenance Agreement

Please choose a weekly service option: (please check)

Pool Full Service- Plan "A"

- Monitor and adjust the chemical balance with homeowners' chemicals.
- Empty and clean pump basket and skimmer basket(s) as needed.
- Clean filter cartridge or backwash filter system as needed.
- Brush pool walls and steps, and scrub tiles as needed.
- Skim pool surface to remove debris.
- Thoroughly clean or vacuum the pool floor as needed.
- Check equipment to ensure it is functioning correctly.
- We balance chemicals AND clean it—You RELAX!

Pool Standard Service- Plan "B"

- Monitor and adjust the chemical balance with homeowners' chemicals.
- Empty and clean pump basket and skimmer basket(s) as needed.
- Clean filter cartridge or backwash filter system as needed.
- Empty and clean automatic pool cleaner.
- Brush pool walls and steps as needed to maintain clear water.
- Check equipment to ensure it is functioning correctly.
- We will maintain the chemistry—You clean it...

Spa Service- Plan "C"

- Monitor and adjust the chemical balance with homeowners' chemicals.
- Scrub the spa border and clean the waterline.
- Adjust water level as needed.
- Clean filter(s) monthly.
- Clean and condition the spa cover when weather permits.
- Vacuum spa as needed.
- Check equipment to ensure it is functioning correctly.

Services are ongoing, and shall be completed: (please circle)

Weekly

Monthly

Bi-Weekly

Other: _____

Service will commence on _____, 2009 and continue until service is cancelled.

Name _____ Address _____

City _____ Zip _____ Phone _____

*Weekly agreements must be secured by a major credit card that will be charged when each service is complete. Please fill out the enclosed credit card authorization form to have current invoices paid as they are posted to your account. A receipt will be sent upon completion.

Ohio Pools & Spas agrees to provide the services requested above. This service is subject to current availability. The customer hereby acknowledges that they have received, read, understand, and agree to the details listed and request the above services. This agreement can be cancelled by either party at any time.

Signature _____

Date _____

Canton Area & Corporate Offices

6815 Whipple Avenue NW
North Canton, Ohio 44720
(330) 494-7755 Fax (330) 494-7925



Greater Cleveland Area

5826 Mayfield Road
Mayfield Heights, Ohio 44124
(440) 442-2775 Fax (440) 442-3279

I hereby give Ohio Pools and Spas, Inc. permission to retain my credit card information entered below for the purpose of paying current invoices as they are posted to my account. After the payment is applied to the credit card, a receipt will be sent along with the detailed invoice.

Name _____

Visa MasterCard Discover AmericanExp.

Card number _____

Expiration date _____

Security code _____

(This is the three digit number on the back of Visa, MasterCard, and Discover, or the four digits on the front of American Express above the last four digits of the card number)

Signature _____