



Kings.pool.spa@gmail.com

2020 Beaver Avenue

Monaca Pa 15061

P: 724-728-8888

F: 724-728-5464

Name: _____

Home Address: _____ Billing Address _____

City/State _____ City/State _____

Phone _____ Preferred Number _____

_____ Optional Number _____

What type of service do you want scheduled?

All prices are subject to 6% sales tax

o **Full Opening**

Small Opening \$235 Medium Opening \$265 Large Opening \$285

Remove water and scrub cover (limited to 1/2 hour or additional charges will apply) Remove and fold cover. Homeowner is responsible for storage of cover. Re-install all equipment. All equipment must be available for easy access. Check all equipment operation and report any problems to homeowner who must contact the office to schedule a service call. Equipment will be shut down upon leaving job site, unless otherwise requested by homeowner.

Leave running _____ Shut down _____

o **Multiple Cover removal** (If more than 1 cover is on pool addition charge of \$50 per each additional cover will be added)

o **Remove Cover only** (based on time there \$129 minimum charge.)

o **Re-connect equipment** Check all equipment operation and report any problems to homeowner who must contact the office to schedule a service call. Equipment will be shut down upon leaving job site, unless otherwise requested by homeowner.

Leave running _____ Shut down _____

(Based on time there \$129 minimum charge.)

o **Spa opening** (connected to the pool) \$90

Please Schedule the following service to be done after my pool is opened, a 2nd visit is required.

- o Vacuum Pool Varies in price based on the size of the pool \$100-\$250
- o Brush water line \$84
- o Net leaves \$84
- o Show how to run equipment \$84
- o Rental filter \$84 Delivery & Set-up (Rental Agreement must be signed)
- o ***Install Drop-In Steps \$84**

By signing the line below, you are authorizing King's Pool and Spa, Inc. to service your pool and/or spa. Payment is due at time of service rendered. If equipment, materials, electricity, or water is not available for the service team to perform their duties a 2nd service fee of \$50.00 will be assessed and need to be paid before return visit. All equipment will be left poolside. A 48-hour notice is required for cancellation. Less than a 48-hour notice will incur a \$50.00 cancellation fee.

Sign & Date _____

Pool Opening 2020

• What Chemical is used in your pool?

____ Chlorine ____ Baquacil

____ Pristine Blue ____ Other

• Would you like shock and algaecide added to your pool at opening for an additional cost?

____ Yes ____ No

• What type of filter do you have?

____ Sand ____ Cartridge ____ DE

• Please Check Payment Method:
____ Technician will collect at time of service
(If no one is there to pay, job will not be done and an additional fee will be added)

____ Payment in advance

____ Credit card on file

(Attached sheet must be filled out)

Circle and number the order of choices.

March 23-27

March 30-April 3

April 6-9

Closed for Easter April 10-12

April 13-17

April 20-24

April 27-May 1

May 4-8

May 11-15

May 18-22

Closed Memorial Day 25th

May 26-29

June 1-5

June 8-12

June 15-19

June 22-26

Week not mentioned

THIS SIDE IS FOR STORE USE ONLY!

Date Called _____

LM SW

Job# _____ Date: _____ Employees: _____

Start Time:

End Time:

Pool Size: 0-499 500-800 801+
Pool Filter already returned? Yes No
Pool Condition: Clean Dirty Stains Comments:
Removed water & leaves on Cover? Yes No (20 Min) Additional time? Yes No
Scrub Cover? Yes No Put in storage? Yes No
Cover Type: Foxx Safety Tarp Automatic Condition of Cover? Poor Fair Good New
Accessories Installed? Handrails Ladder Solar Cover Solar Reel Backwash Line
Plugs Removed? Skimmer Returns Buddy Seat Low Suction Stair Jets Sweep Deck Jet
Drain Plugs Installed? Pump Filter Heater chlorinator UV system
Reconnect extra equipment? Waterfall Deck Jets Solar Panel
Check Equipment Operation? Chlorinator/Salt Generator Heater Filter Pump
Chemicals Added? Shock Algaecide
Spa Opening? Yes No Connected to Pool Separate unit
Comments
Total Charges To Bill Customer:
Billed By: _____ Date Billed: _____