

# Water Wizard Pools, Inc.

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The purpose of this contract is to schedule work in advance. Please check the services you would like performed, along with your complete address, contact information and payment information; then mail, fax, or email the agreement.

## Basic Swimming Pool Opening: \$380 Plus Tax and Chemicals.

1. Removal of Cover
2. Reassembly of Equipment
3. Install Handrails/ Ladders/ Diving Boards
4. Removal of Winter Plugs
5. Start up System
6. Add In Opening Chemicals

**Customer is responsible for removing water and debris off of cover prior to our arrival as well as bringing the water level back up to the middle of skimmer so system can be started properly at the time of our visit. Also DE must be left out so we can charge system. If there is no DE on site we will use our own but you will be billed accordingly. (If you have a DE Filter)**

**We need electric to open pools; it must be on and available. If we arrive and electric is not available, you will need to reschedule your appointment and pay a trip charge of \$95.00.**

Please Note: No pool cleanings will be done at time of opening, unless you have a cleaning contract. Any single pool cleanings will not be able to be done until after opening season (June).

### Items NOT Covered In A Basic Opening

Opening Chemical Kit	\$60
Heater	\$50
Attached Spa	\$75
DE Charge	\$20
Cable Safety Covers	\$50
Additional Filters, Pumps, Waterfalls, etc.	\$25 (Each)

### General Terms and Conditions:

All work is scheduled on a first come first serve basis. We cannot guarantee any times other than first job of the day. We can assume no responsibility for delays beyond our control due to accidents, weather, staffing issues, etc.

Any required repairs/labor or parts would be billed in addition to our contract prices.

**Note: Parts age and deteriorate; as such Water Wizard Pools, Inc. is not responsible for any parts that are broken during the normal course of working on your pool.**

### Payment:

**To reserve date, please provide us with the card number and expiration date prior to service**

(See below). Full payment is expected at time of service.

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type of Credit Card (Please Circle One):     Visa                       MasterCard                       Discover

Credit Card Number: \_\_\_\_\_

CVS On Back Of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name On Card: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date