



Commercial Pool Specialists
State License CPC1456964

954-653-9797

POOL MAINTENANCE AGREEMENT

Address: _____ Telephone: _____ Date: _____
Property description _____

A qualified member of the service staff will visit the site _____ times per week to perform the following tasks listed below:

1. Chemistry: Maintain proper water chemistry and balance in accordance with State of Florida Health Dept. requirement. Test pool CHLORINE and pH during each visit. Test hardness, alkalinity and stabilizer monthly as conditions warrant. Record parameters on log sheet.
2. Backwash or clean filters as needed
3. Brush pool walls and floors as needed
4. Vacuum pool as needed.
5. Clean tile and remove debris from gutter troughs. Remove algae from coping.
6. Maintain filter room/pump area in clean condition and perform routine preventive maintenance on pumps/filters/ and chemical feeders.
7. Supply normal pool chemicals (with the inclusion of chlorine stabilizer at no extra charge)
8. Perform all required repairs with prior approval from customer.

Proposed service schedule:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

MONTHLY SERVICE FEE _____

Special Notes:

1. POST HURRICANE CLEANUPS ARE SPECIAL SITUATIONS AND IN ADDITION TO THE ABOVE AGREEMENT, EACH SITUATION WILL BE EVALUATED AND ADDRESSED AS REQUIRED.
2. Above proposal based on presumption pool is not leaking. If pool leaks are discovered or known to exist, it is the responsibility of the property owner/agent to arrange for leak detection. Once the source of the leak is identified, Pool-X-Perts will provide a proposal for the leak repair. Also, if pool leaks are determined to exist and not repaired, additional chemical surcharge will apply.
3. Any alteration or deviation from above specifications involving extra costs will be executed only upon written order and will become an extra charge over and above the estimate. All agreements contingent upon strikes/accidents/ or delays beyond our control.

TERMS: This agreement may be terminated for any reason with a 30-day written notice by either party. We appreciate the opportunity to serve you. Billing is provided by the first day of each month, and payment terms are NET 15 DAYS. Service charge of 1.5% per month is charged on all balances more than 30 days past due.

Acceptance of Proposal:

The above price, specifications and conditions are satisfactory and hereby accepted.

Authorized Signature _____

Printed Name: _____

Title: _____

Proposal submitted by: _____ Date: _____

Title: _____

SERVICE TO BEGIN: _____