

PARADISE NJ SERVICES POOL OPENING FORM

Date: _____

Name: _____

Address: _____

Phone #: _____ Phone #: _____

E-mail: _____

		Amount
What type of pool do you have? IG AG SPA \$250.00	_____	_____
What type of cover do you have? Safety Cover or Water bag Cover	_____	_____
Do you want your cover deodorized and mouse away used? \$45.00	_____	_____
Do you use chlorine or baquinide? Add \$50.00 if Baquinide	_____	_____
What size is the pool? Pools over 20X40 add \$50.00	_____	_____
Do you have a heater ? If yes, do you want it serviced? \$75.00	_____	_____
What type of filter do you have? DE, Cartridge, or Sand	_____	_____
If DE or Cartridge, do you want it cleaned? \$75.00	_____	_____
Do you have a waterfall?	_____	_____
Do you have a spill over spa? Add \$60.00	_____	_____
Do you have a salt system? If yes, do you want the salt cell flushed \$45.00	_____	_____
Do you have a Paramount System? Add \$60.00	_____	_____
Do you want your pool vacuumed? \$85.00 an hour or any part of an hour.	_____	_____

VACUUMING WILL NOT BE PERFORMED THE SAME DAY AS THE OPENING!!!

What week would you like us to schedule your Opening? _____

ALL OPENINGS MUST BE PRE-PAID.

Subtotal _____

Tax _____

Total _____

Name on Credit Card _____

Address _____ ZIP CODE _____

Type of Card _____ Exp. Date _____ S.C. _____

Credit Card # _____