

Paradise NJ Services POOL OPENING Form

Date: _____

Name: _____

Address: _____

Phone #: _____ Phone #: _____

E-mail: _____

Amount

What type of pool do you have? IG SPA \$295 _____

If up North....+\$50.00.....If Cape May..... +\$100.00

What type of cover do you have? Safety Cover or Water Bag Cover _____

Do you use Chlorine or Baquinide? Add \$55 if Baquinide _____

What size is the pool? Pools over 20X40 add \$55.00 _____

Do you have a heater? Add \$55.00 _____

If Cartridge or DE filter? Do you want it cleaned? \$85.00 _____

Do you have a waterfall? _____

Do you have a spill over spa? Add \$66.00 _____

Do you have a salt system? If yes, do you want the salt cell flushed? \$50 _____

Do you have a Paramount System? Add \$66.00 _____

Do you want your pool vacuumed? \$115 per hour or any part of an hour _____

\$125 per hour or any part of an hour out of Ocean County

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

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

Subtotal _____

ALL OPENINGS MUST BE PRE-PAID

Tax _____

Total _____

Name on Credit Card _____

Address _____ Zip Code _____

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

Credit Card # _____