

2020 CHEMICAL BALANCING CONTRACT



Mail, Fax, or E-mail this form as soon as possible.

Gritz Pools & Spas
738 West Kings Hwy
Coatesville Pa, 19320

PH: 610-384-4422 Fax: 610-380-1490

E-mail: service@gritzpools.com

www.gritzpools.com

Weekly \$60.00

Test and balance pool water once a week. Our technician will test for chlorine, pH, Alkalinity, Cya. If you have a salt system, we will test your salt level. **Note: Cleaning pool is not included**

The first visit will include a bottle of Alkalinity plus, pH balancer and Stabilizer. (Please keep these handy for following visits.) Chlorine will be added when needed. *We will not use other brands of chemicals, we have confidence in our brand and trust the ingredients.* ***All Chlorine, Balancing & Maintenance Chemicals and Salt will all be added, if needed, at additional cost if not provided by customer. Sanitization systems not listed below are not eligible for our programs.**
(EX. BAQUACIL)

Type of chlorine used in your pool. Salt Stabilized Tablets Caplets
Non-Stabilized Tablets (NST) Liquid Chlorine Granular FROG

Bi-Weekly (every other week) \$80.00/visit

Test and balance pool water once every other week. Our technician will test for chlorine, pH, Alkalinity, Cya. If you have a salt system, we will test your salt level. **Note: Cleaning pool is not included**

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Type of chlorine used in your pool. Salt Stabilized Tablets Caplets
Non-Stabilized Tablets (NST) Liquid Chlorine Granular FROG

Note: If you would like to order chemicals, chlorine or any other pool maintenance products and have them delivered at your service please email service@gritzpools.com. We will charge the credit card provided.

Note: The credit card provided will be charged according to the service the customer has chosen. (weekly or bi-weekly). Please provide signature that you have read and agreed to terms of contract. If you need to cancel a scheduled service, please allow at least 3 days' notice.

Customer Signature _____

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY / STATE / ZIP _____

Payment Information: VISA M/C DISCOVER AMEX Check # _____

Card #: _____ Exp Date: _____ Vid#: _____ Amt:\$ _____