



143 SOUTH CENTRAL AVENUE, ELMSFORD, NY 10523  
(914) 347-5226 • FAX (914) 347-5249 EMAIL: aqualeisure@aol.com

Dear Pool Owner:

We are sending this reminder to prepare your pool and your pool cover for the upcoming season.

- SPRING CHECK UP FOR CUSTOMERS WITH MESH COVERS. We will come and check the equipment, add extra chlorine and pump the pool to the proper level. Furthermore, test the pH and if it is high, we will add acid at the cost of \$8.95 per gallon. The chlorine cost is \$43.95 plus \$150.00 labor and sales tax.
- SPRING CHECK UP FOR CUSTOMERS WITH MESH COVER (this option does not include pumping). We will check equipment, water level & test the residual chlorine in the pool - then make any necessary adjustments. The labor rate is \$95.00 plus the cost of chemicals and sales tax.
- FOR THOSE CUSTOMERS WITH SOLID POOL COVERS It is time to start pumping off the excess water. We sell a submersible pump with an automatic shut-off switch for \$255.00 plus \$11.00 shipping and handling.

**PLEASE TAKE NOTICE:** If you have not done so already, please check the clarity and water level of your pool and the condition of your pool cover.

If you would like us to perform one of the above services, fill out the bottom of this form, making sure to check off the proper box, and return it to our office as soon as possible.

**NOTE: THIS SERVICE CAN ONLY BE ORDERED THRU 4/15/10**

- SPRING CHECK UP (for mesh covers includes pumping pool - PLEASE CHECK EQUIPMENT. PUMP OUT EXCESS WATER AND ADD CHLORINE. MATERIAL COST \$43.95 PLUS \$150.00 LABOR AND TAX.
- PRE-SEASON CHECK UP (for mesh covers, does not include pumping pool) - PLEASE CHECK EQUIPMENT, WATER LEVEL & WATER CHEMISTRY FOR \$95.00 PLUS CHEMICALS AND SALES TAX.
- SOLID POOL COVER - PLEASE SEND A "LITTLE GIANT" SUBMERSIBLE PUMP WITH AUTOMATIC SHUTOFF SWITCH FOR \$255.00 AND \$11.00 SHIPPING AND HANDLING PLUS SALES TAX.

NAME \_\_\_\_\_ METHOD OF PAYMENT (please check one)

ADDRESS \_\_\_\_\_  VISA  MASTER CARD  AMEX  CHECK

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CARD # \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ EXP DATE \_\_\_\_\_ CVC# \_\_\_\_\_

CREDIT CARD BILLING ADDRESS, SAME AS HOME ADDRESS?  YES  NO

IF NO, PLEASE SUPPLY BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EMAIL \_\_\_\_\_