

Litchfield Park Pool Service
4900 N Litchfield Rd, Ste A
Litchfield Park, AZ 85340-5061

Phone 623-935-5121 or 623-935-POOL
 Fax 623-935-5169
 E-Mail LPPSRepair@litchfieldparkpool.com

Schedule Repair Request

CONTACT INFO

◆ Date _____
 ◆ First Name _____ ◆ Last Name _____
 ◆ Street Address of Repair: _____
 ◆ City, ◆ State and ◆ Zip _____
 ◆ Major Cross Roads _____
 Subdivision Name _____
 ◆ Primary Phone Number _____ ◆ Secondary Phone Number _____
 Contact Fax Number: _____
 Contact E-Mail Address: _____

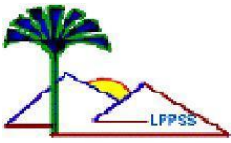
REPAIR REQUEST

<u>Repair</u>	<u>Installation</u>	<u>Maintenance</u>
<input type="checkbox"/> Diagnose without Repair	<input type="checkbox"/> Filter	<input type="checkbox"/> Acid Wash
<input type="checkbox"/> Diagnose and Repair	<input type="checkbox"/> Handrail	<input type="checkbox"/> Change Sand
<input type="checkbox"/> Clear Lines	<input type="checkbox"/> Heater	<input type="checkbox"/> Clean Filter
<input type="checkbox"/> Drain Cover	<input type="checkbox"/> Pump	<input type="checkbox"/> Clean Salt Cell
<input type="checkbox"/> Filter	<input type="checkbox"/> Salt System	<input type="checkbox"/> Drain Pool
<input type="checkbox"/> Heater Replace/Repair		<input type="checkbox"/> Green Clean
<input type="checkbox"/> Leveler Replace/Repair		<input type="checkbox"/> Inspection
<input type="checkbox"/> Motor Replace/Repair		<input type="checkbox"/> Pool School
<input type="checkbox"/> Pool Light Replace/Repair		
<input type="checkbox"/> Pump Replace/Repair		
<i>Describe Other</i> _____		

EQUIPMENT INFO

Please use the area below to provide information regarding the equipment that needs to be repaired or replaced.

Manufacturer Name _____
 Model Number _____
 Serial Number _____
 Other equipment identification information _____



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TERMS OF SERVICE

A service call is \$95.00 for anything up to one hour. Anything after one hour is billed by the quarter hour.

The service call charge applies whether or not repair work is done and is due at the time of service.

Payment options are cash, check or debit/credit card. If paying cash or by check, credit card information is required to be on file.

The person requesting the repair is the person responsible for payment.

Your credit card will only be used if your cash or check payment has not been received within seven working days.

Overdue accounts will be turned over to outside services for handling and additional charges will apply, unless arrangements have been made with bookkeeping prior to any work being performed.

Credit Card Authorization

Card Number _____
 Expiration Date _____
 Verification Code _____
 Name on Card (Print) _____
 Sign Name _____

Work is warrantied for thirty (30) days from the date of service.

Please check the box below and complete the signature section if you understand and agree to these terms. You may fax, e-mail for bring the completed form to the store.

I understand and accept the Terms of Service.

 Print Name

 Authorizing Signature