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**POOL OPENING FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

	<b>Amount</b>
What type of pool do you have? (IG or AG)	_____
What type of Cover do you have? (Waterbag Cover or Safety Cover)	_____
Do you use chlorine or Baquinide? ADD \$40.00 IF NON CHLORINE	_____
Do you want your cover deodorized and Mouse Away used? \$45.00	_____
What size is the pool? POOLS OVER 20 X 40, ADD \$50.00	_____
Do you have a heater? If yes, Do you want it services? \$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? \$75.00 per hour or any part of an hour. \$85.00 per hour for pools over 20x40	_____
What week would you like us to schedule your Opening? _____	

ALL OPENINGS MUST BE PRE-PAID.

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

Total: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_