



Dear Customers,

Nichols Pool Service hopes you and your family had a terrific summer! It is time to protect your investment by having a professional winterize your pool.

2018 POOL CLOSING PRICING/PAYMENT OPTIONS:

Submit with pre-payment in full BEFORE September 25th *	\$375.00
Submit with payment AFTER September 25th	\$395.00
Any closings after October 15 th	\$425.00
Plumbing Only Winterization	\$225.00

*NOTE: *pre-pay discount pricing means you must **SUBMIT** your Closing Form, **with payment**, to Nichols Pool Service **by September 25th** Your pool **DOES NOT** have to be closed by September 25th. Credit cards will not be charged until after closing work is performed, but checks will be deposited when received.*

SCHEDULING YOUR 2018 CLOSING:

STEP 1:

Complete the enclosed Nichols Pool Service - Pool Closing Request Form.

Please review each section (1-3) carefully and be sure to include any "Additional Services" charges & add them to determine accurate Closing Cost Total

STEP 2:

Submit the Pool Closing Request Form, *with payment*, by one of the following methods:

1. **BY EMAIL:** nicholspoolservice@gmail.com
**Please scan & attach document, pdf format preferred, if possible*
2. **BY TEXT:** Text picture of completed form to: 215-757-0412.
3. **BY MAIL:**
Nichols Pool Service
220 Elmwood Avenue
Feasterville-Treose, PA 19053
4. **BY FAX:** 267-535-2781

If you have any questions please contact us via email, or call/text us at 215-757-0412.

We will see you soon!

Paul Cramer

Owner

Nichols Pool Service

NICHOLS POOL SERVICE POOL CLOSING REQUEST FORM

PLEASE FILL OUT COMPLETELY & SUBMIT WITH PAYMENT TO:

BY MAIL: Nichols Pool Service
220 Elmwood Ave. Feasterville-Trevoze, PA 19053
BY FAX: 267-535-2781

BY EMAIL: nicholspoolservice@gmail.com
BY TEXT: picture of completed form to: 215-757-0412

Customer: _____ Phone: _____ Cell#: _____
Address: _____ Email: _____
City/State: _____, _____ Zip: _____ Pool Size & Type: _____

POOL OWNERS' RESPONSIBILITIES

Prior to our arrival: water lowered to 3 inches below skimmers, all stored winterizing materials poolside (cover, plugs etc), and pool must be clean & free of leaves, debris, toys, & furniture.

I have reviewed my above responsibilities & agree to comply. Noncompliance may result in additional charges. INITIAL:

SECTION 1

<p>OPTION 1: STANDARD WINTERIZATION: Disassemble Filter Pre-Rinse Cartridge and/or Grids Clean Cartridges and/or grids using Filter Magic cleaner Winterize pump, remove, and store drain plugs Add Winter Season Chemicals (Included) Add antifreeze (if necessary) Blow out and install necessary plugs in pool lines Install Provided Aquadoor Cover (if applicable) Empty / Rinse Auto Chlorinator Remove and store in pool ladder / handrails Install cover and water tubes or, Loop-Loc safety cover</p>	<p>CIRCLE ONE:</p> <p>Pre-paid BEFORE 9/25: \$ 375</p> <p>Non-Prepay or Payment AFTER 9/25: \$ 395</p> <p>Closing AFTER 10/15: \$ 425</p>
<p>OPTION 2: PLUMBING ONLY WINTERIZATION: Clean filters and winterize plumbing lines only (no chemicals, no cover, no ladder, etc.)</p>	<p>\$ 225</p>

SECTION 2

Does your pool have a functioning heater? IF YES: Heater winterization (drained & blown out lines)..	ADD \$ 40.00
Does your pool have a functioning Salt System? IF YES: Acid clean salt cell	ADD \$ 20.00
Does your pool have automated controls, large or multiple slides, multiple pumps, deck jets, or other water features? IF YES: Water Features winterization	ADD \$ 35.00
* If you answered yes to any of the above, please be sure add the additional cost to TOTAL CLOSING COST	

SECTION 3

ADDITIONAL SERVICES: (Check each that apply & add to TOTAL COST)

Removal of excessive leaves	<input type="checkbox"/> \$ 50.00 Per ½ HR
Remove in pool steps and store	<input type="checkbox"/> \$ 25.00
Removal and folding of solar cover	<input type="checkbox"/> \$ 25.00
Water tubes 8 ft. Double Chamber \$10.00/ea QTY _____	<input type="checkbox"/> \$ _____
Other parts: _____	<input type="checkbox"/> \$ _____
Other service requested @ each ½ hour	<input type="checkbox"/> \$ 65.00

TOTAL ADDITIONAL SERVICES FROM SECTION 2 & 3: \$ _____

Combine Base Closing Cost (Section 1 - Option 1 or 2) and any Additional Services (Section 2 & 3) required at your pool to determine TOTAL CLOSING COSTS.

Please add trip charge if applicable

BASE CLOSING COST: _____

(determined by date/payment)

ADDITIONAL SERVICES TOTAL: _____

BEYOND ZONE 1 TRIP CHARGE:*

TOTAL CLOSING COSTS: _____

CREDIT CARD #: _____ **EXP. DATE:** _____ **CVC (3 digit #):** _____

*** We accept Visa, MasterCard, & Discover. We need 3 digit CVC code & correct BILLING ZIP CODE to process payment.**

Please make checks payable to: **Nichols Pool Service**

Please circle preferred **WEEK** to close your pool. Sorry we cannot schedule a time of day, or guarantee a particular day, only the week you request. We group closing based on order paperwork received and by locations, you will be notified of actual day 3-5 business days prior to actual date via email. **Note: Higher closing cost for later closing dates.*

SEPT 3 - SEPT 10 - SEPT 17 - SEPT 24 - OCT 1 - OCT 8 - OCT 15* - OCT 22*

||| This form must be returned via email, fax, text, or mail with payment, to properly schedule pool closing. |||

*BEYOND ZONE 1 is generally any location outside of Lower Bucks County & Upper Northeast Philadelphia and/or beyond a 15 mile radius from Nichols Pool Service. NOTE: Some areas within 15 miles also require trip charge (Montgomery County). Please contact the office regarding the need to apply trip charge and/or to ensure we service your area.