WORK ORDER AUTHORIZATION FORM

Thank you for choosing Mid-State Pools and Spas for your swimming pool and/or spa needs. By signing this form, you grant permission for representatives of Mid-State Pools and spas to enter your property to do work you have contracted us to do on the pool and/or spa at the below referenced location, whether you are home or not. It also grants us permission to complete necessary work as contracted by you during scheduling of your work order. Customers are required to pay for all labor fees upfront using the labor graph below. For your convenience, Mid-State Pools and Spas is offering to securely keep a copy of your credit card number(s) on file so that we may charge it for any work completed on your property (whether you are home or not). We can also charge your card for service or retail purchases made in the store and over the phone, if you like. Please call the Dublin location at (478)275-0506, if you would like to have credit card number put on file.

Please fill out and return this form and submit.

Min. Service Charge for your area.

Charges cover labor fees only and are charged according to the county in which property taxes are accessed and paid by the property owner.

	<u>In Area</u>	Out of Area
Service Charge	\$110.00	\$135.00
Sand Change	\$200.00	\$250.00
Open/Close Pool	\$150.00	\$175.00
Pool Inspection	\$150.00	\$200.00
Spa Service	\$175.00	\$225.00
Dive Fee	\$125.00	\$175.00
Pressure Test	\$150.00	\$225.00
Diag./Elva.	\$55.00	\$75.00

Parts and chemicals are NOT included with Labor Fees. Labor fees are required to be paid upfront for work orders, before work will be done.

Cost for repairing leaks and plumbing leaks will be quoted per job after assessment.

More time, consuming jobs are subject to larger fees. Will be quoted per job as needed.

Authorization for service	4 (1101 124 (1011 101	OI 3CI 81C
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Yes (A box will need to be provided for the customer to check)

Name			
First			 -
 Last	 	 	

Mailing Address	
Street Address	
City	
State	
ZIP / Postal Code	
Property access code / Instructions	
Property Address	
Street Address	
City	
State	
ZIP / Postal Code	
Home Phone	
Work Phone	_
Mobile Phone	
Email	

	em. Give the equipi ive Horse Power.	ment brand and	Model needing se	rvice. If it is	a pump
Signature*					
(Please Insert a	box that they can si	ign with their, m	ouse.)		