

Name:		
Mailing Address:		
City:	State:	Zip:
Service Address:		
City:	State:	Zip:

20689 Sussex Hwy SEAFORD, DE 19973

P: (302)629-9645 F: (302)629-9469

2012 IRRIGATION SYSTEM MAINTENANCE CONTRACT

Authorized Signature: _____

*Signature Required to Execute Contract Date: _____

Home Phone:	Work Phone:
Check#:	Exp:
Visa or MC #:	

Plan	Description	Cost
1	Monthly Maintenance** - March/April/May- Turn on system and check for problems - May, June, July, August, and September- Make seasonal adjustments to the system and check for problems. - October/November- Winterize System	\$480
2	Five- Visit Plan** - March/April/May- Turn on system and check for problems	\$350

** All repairs are done on a time and material basis. ** All service based on 1 hour .** All other time will be billed as time and material.

Please fax or mail service contract so we may add you to our schedule.

EMAIL: _____

*** Please keep a copy for your records. Please include any special request on contract.

Comments:

