

Fill in the fields below, then send to your customer. Both parties keep a signed copy.

## 1. Parties

### SERVICE PROVIDER (YOU)

Business name

Contact name

Phone / email

### CUSTOMER

Name

Service address

Phone / email

## 2. Services included

List exactly what each visit covers. Be specific (e.g. 'weekly chemical balancing and filter check').

Service / task	Frequency
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 3. Not included

Work charged separately (repairs, parts, emergency calls). Spell this out to avoid disputes later.

## 4. Schedule and term

Start date

First visit date

Visit window / day

## 5. Price and billing

Price per visit / month

Billing frequency

Payment method

 Card on file Bank transfer Cash / check Other

## 6. Repairs and emergencies

The plan covers scheduled maintenance only. Repairs are billed separately at the rate below.

Repair labor rate

Member discount on repairs

## 7. Cancellation policy

Either party may cancel with  days written notice.

Early cancellation terms (if any)

## 8. Missed or rescheduled visits

If a visit can't happen, the provider will notify within

days.

hours and reschedule within

## 9. Signatures

Service provider signature

Customer signature

Print name

Print name

Date

Date