



L.A. POOLS INC.

315 W. COUNTY LINE RD.
HATBORO, PA 19040
TELEPHONE 215-441-5030
FAX 215-441-5975

Agreement for Residential Pool Inspection

Email Agreement to sales@lapoolsinc.com not less than 5 business days prior to requested date of inspection. Confirm receipt of agreement by phone 215-441-5030. Agreement must be signed by Responsible Party and credit card authorization must be completed. Nonrefundable \$250.00 payment due prior to inspection.

Responsible Party (circle one): Realtor - Pool Owner - Pool Buyer

| | |
|------------------------------|---|
| Real Estate Agency: _____ | Represents (circle one): Buyer - Seller |
| Realtor's Last Name: _____ | Realtor's First Name: _____ |
| Agency Address: _____ | City: _____ |
| State: _____ Zip Code: _____ | Email: _____ |
| Business Phone: _____ | Cell Phone: _____ |

| | |
|------------------------------|-------------------------------|
| Pool Owners Last Name: _____ | Pool Owners First Name: _____ |
| Pool Street Address: _____ | City: _____ |
| State: _____ Zip Code: _____ | Email: _____ |
| Home Phone: _____ | Cell Phone: _____ |

| | |
|------------------------------|--------------------------|
| Buyers Last Name: _____ | Buyers First Name: _____ |
| Buyers Street Address: _____ | City: _____ |
| State: _____ Zip Code: _____ | Email: _____ |
| Home Phone: _____ | Cell Phone: _____ |

I, _____ do hereby authorize LA Pools, Inc. to charge **\$250.00** to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I agree to these terms by signing below. Desired date: _____ / _____ / _____

Authorized Signature: _____

Cardholder Name: _____

As it appears on card

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: Visa _____ MasterCard _____ Discover _____

Credit Card #: _____ Expiration Date: _____ / _____ CRV Code: _____
Month Year