



# 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 [service@lapoolsinc.com](mailto:service@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 \$1,250.00 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 **\$1,250.00** 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