

WECHSLER POOL & SUPPLY ACCOUNT INFORMATION

COMMERCIAL

RESIDENTIAL

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ EMAIL: _____

DELIVERY ADDRESS: _____

CITY: _____ STATE: _____

DIRECTIONS TO LOCATION/SPECIAL PROCEDURES: _____

ADDITIONAL CONTACT INFORMATION:

NAME: _____ TITLE: _____ PHONE #: _____

NAME: _____ TITLE: _____ PHONE #: _____

NAME: _____ TITLE: _____ PHONE #: _____

CHLORINE STORAGE:

CROCK SIZE: (GAL.): _____

5 GAL. CARBOYS ON SITE: YES NO IF SO – HOW MANY? _____

WHAT TYPE OF POOL DO YOU HAVE? ABOVE-GROUND IN-GROUND

MATERIAL: STEEL CONCRETE/GUNITA VINYL LINED

SPECIAL INSTRUCTIONS FOR THE DRIVER/ SERVICE TECH: _____

FOR OFFICE USE ONLY

CREDIT TERMS: ADVANCE PAYMENT 10 DAY PAY (UPON CREDIT APPROVAL) CREDIT CARD ON FILE

VISA MASTERCARD DISCOVER SIGNED AUTHORIZATION FORM YES NO

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

SECURITY CODE: _____

NAME OF CARDHOLDER: _____ BILLING ADDRESS SAME AS ABOVE

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

NAME OF CSR: _____