

BonaVista Pools - New Customer Form

Name: _____ Address: _____

City: _____ Suite: _____ Postal Code: _____

Phone: _____ 2nd Phone: _____

Email: _____

Please schedule the following service(s) for my pool and/or spa :

Weekly Service Service Call

Description of what is needed: _____

Payment:

ALL new customers MUST be on pre-authorized payments with this credit card for the first season of service.

Visa: _____ MasterCard: _____ Card #: _____

Name as it appears on card: _____

Expiry: _____ Security #: _____ Signature: _____

